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ABSTRACT

This instructional package, one of two designed for visually impaired students, focuses on the vocational area of medical assistant. Contained in this document are twelve learning modules organized into five units: language; receptioning; asepsis; supplies and equipment maintenance; and diagnostic tests. Each module, printed in block type, includes these elements: a performance objective page telling what will be learned, what materials will be needed, and how the student will be evaluated; information and job step pages which provide information needed to perform the activity; and detail job steps necessary to do the task. Illustrations are designed for the visually impaired. This document and CE 017 574 are one of two sets of learning modules on medical assistant written in formats designed for visually impaired and regular vocational students. The modules are part of a total set which includes over 1,300 modules written in a variety of formats on building maintenance, dietetic assistant, small engine repair, medical assistant, and graphics. (JH)

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CAPITAL AREA CAREER CENTER
Ingham Intermediate School District
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TO:

MULTIPLE LEARNING STRATEGIES PROJECT

MEDICAL ASSISTANT
Visually Impaired
[VOL. 4]

CE 017 573

medical assistant

unit: LANGUAGE

capital area career center

module: 4401 02 003 7 date: 12/77 level: ____

skill title: SURGICAL LANGUAGE

developed & written by: BEVERLY VARNEY

visuals by: ____

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

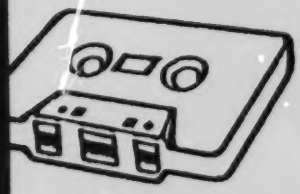
HOW TO DEFINE OR UNDERSTAND FOR YOURSELF THE MEANING OF TECHNICAL TERMS.

IN ORDER TO DO THIS YOU WILL NEED:

A LIST OF MEDICAL TERMINOLOGY.

WE WILL KNOW YOU CAN DO IT WHEN:

YOU CAN COMBINE WORDS FROM BOTH LISTS AND TELL WHAT THEY MEAN.



A TAPE OF THIS MODULE IS AVAILABLE.

INFORMATION

TO LEARN THE TECHNICAL TERMS AND THEIR MEANING, YOU MUST COMPLETE THE PROGRAMMED LEARNING PAGES IN THIS MODULE. WRITE YOUR ANSWERS ON A SEPARATE SHEET OF PAPER, NUMBERING THEM ACCORDING TO THE NUMBERS IN THE BLANKS.

DIRECTIONS

THEORY OF PROGRAMMED LEARNING: A WAY OF LEARNING THAT TELLS YOU IMMEDIATELY WHEN YOU ARE RIGHT. YOU CAN LEARN AT YOUR OWN SPEED KNOWING THAT YOU ARE LEARNING CORRECTLY.

* - THIS BY A BLANK MEANS USE MORE THAN ONE WORD
** - USE YOUR OWN WORDS.

A FRAME CONSISTS OF A STATEMENT AND/OR QUESTIONS AND THE ANSWER.

NEVER LOOK AHEAD.

INFORMATION

NEVER LET A WRONG ANSWER GO UNCORRECTED. REFER BACK WHENEVER NEEDED.

DO NOT WRITE IN THE MOD. WRITE ALL ANSWERS ON SCRATCH PAPER.

COVER THE ANSWER TO THE RIGHT. THEN UNCOVER IT TO CHECK ANSWER AND PROCEED. IF YOU ANSWER WRONG, RE-DO THE FRAME (OR THE PREVIOUS ONES) IN ORDER TO CHANGE THE ERROR IN YOUR MEMORY.

REPEAT ANY FRAME THAT GIVES YOU PROBLEMS.

FRAME 1

IN ANY FIELD OF KNOWLEDGE, A SPECIAL VOCABULARY (OR TERMINOLOGY) IS NECESSARY TO SPEAK EXACTLY. PHYSICIANS USE A MEDICAL TERMINOLOGY TO SPEAK OR WRITE _____.(1)

1. EXACTLY

INFORMATION

WE CAN LEARN MUCH OF MEDICAL TERMINOLOGY BY WORD BUILDING. WHEN WE PUT WORDS TOGETHER FROM THEIR PARTS, WE ARE _____(2) BUILDING.

2. WORD

ALL WORDS HAVE A WORD ROOT. EVEN EVERYDAY WORDS HAVE A *_____.(3)

3. WORD ROOT

A WORD ROOT IS THE FOUNDATION OF A WORD. SUF/FIX, PRE/FIX, AF/FIX, FIX/ATION, HAVE 'FIX' AS THEIR *_____. (4)

4. WORD ROOT

TO BUILD WORDS, WE START WITH THE *_____.(5)

5. WORD ROOT

INFORMATION

COMPOUND WORDS ARE FORMED WHEN TWO WORD ROOTS ARE USED TO BUILD THE WORD. THERE ARE MANY COMPOUND WORDS IN MEDICAL TERMINOLOGY: SHORT/CHANGE, SHORT/WAVE, OVER/HAND, OVER/FLOW ARE *_____.(6)

6. COMPOUND WORDS

FORM A COMPOUND WORD FROM THE WORD ROOTS CHICKEN AND POX _____.(7)

7. CHICKENPOX

WE START TO BUILD WORDS WITH A WORD ROOT. A COMBINING FORM IS A WORD ROOT + A VOWEL. IN THE WORD THERM/O/METER, THERM/O IS THE *_____(8)

8. COMBINING FORM

IN THE WORD MICR/O/SCOPE, MICR/O IS THE *_____.(9)

9. COMBINING FORM

INFORMATION

THE COMBINING FORM OF WORD ROOTS IS ALSO USED TO BUILD COMPOUND WORDS.

MICR/O/SCOPE IS A *_____.(10)

10. COMPOUND WORD

COMPOUND WORDS CAN BE FORMED FROM WHOLE WORDS, COMBINING FORMS, OR WORD ROOTS. COMPOUND WORDS CAN BE BUILT FROM A COMBINING FORM, A WORD ROOT, AND AN ENDING. IN THE WORD MICR/O/SCOP/IC:

MICRO/O IS THE COMBINING FORM

SCOPE IS THE WORD ROOT

IC IS THE _____(11)

11. ENDING

IN THE WORD THERM/O/METR/IC:

THERM/O IS THE COMBINING FORM

METR IS THE *_____(12)

12. WORD ROOT

IC IS THE _____(13)

13. ENDING

IN THE WORD ELECTR/O/METR/IC:

ELECTR/O IS THE *_____(14)

14. COMBINING FORM

INFORMATION

METR IS THE *_____(15)

15. WORD ROOT

IC IS THE _____(16)

16. ENDING

A SUFFIX IS THE ENDING. A SUFFIX FOLLOWS A WORD ROOT. WE CHANGE THE MEANING OF A WORD ROOT BY ATTACHING A _____.(17)

17. SUFFIX

THE SUFFIX ER MEANS ONE WHO. THE WORD ROOT, PORT (TO CARRY) IS CHANGED BY PUTTING ER AFTER IT. IN THE WORD PORT/ER, ER IS A _____.(18)

18. SUFFIX

THE ENDINGS -ABLE, -ER AND -MENT ARE _____.(19)

19. SUFFIXES

A PREFIX IS A WORD PART THAT GOES BEFORE A WORD. A PREFIX CHANGES THE MEANING OF A WORD. THE PREFIX EX- MEANS FROM. THE WORD ROOT, PORT (TO CARRY) IS CHANGED BY PUTTING EX- IN FRONT OF IT. IN THE WORD EX/PORT, EX- IS A _____.(20)

20. PREFIX

INFORMATION

DIS-, IM-, SUP-, TRANS-, ARE _____.(21) 21. PREFIXES

REVIEW:

THE FOUNDATION OF A WORD IS *_____.(22) 22. WORD ROOT

THE WORD PART THAT GOES BEFORE A WORD TO CHANGE ITS MEANING IS A _____.(23) 23. PREFIX

THE WORD PART THAT GOES AFTER A WORD IS A _____.(24) 24. SUFFIX

WHEN A VOWEL IS ADDED TO A WORD ROOT, THE WORD PART THAT RESULTS IS A *_____.(25) 25. COMBINING FORM

WHEN SOME FORM OF TWO OR MORE WORD ROOTS IS USED TO FORM A WORD, THE WORD FORMED IS CALLED A *_____.(26) 26. COMPOUND WORD

INFORMATION

IT IS IMPOSSIBLE TO MEMORIZE ENOUGH MEDICAL WORDS! BY USING A FEW WORD PARTS, YOU CAN BUILD THOUSANDS OF WORDS. PRONOUNCE EACH NEW WORD OUT LOUD AND LISTEN TO WHAT YOU ARE SAYING.

FRAME 2

DERMAT/O (DER-MAH-TOW) ALWAYS REFERS TO THE SKIN. WHEN YOU SEE DERMAT OR DERMAT/O, THINK IMMEDIATELY OF _____.(27)

27. SKIN

A DERMAT/O/LOGIST (DER-MAH-TAHL-O-JIST) IS A SPECIALIST IN A FIELD OF MEDICINE. HE/SHE SPECIALIZES IN DISEASES OF THE _____.(28)

28. SKIN

INFORMATION

ITIS (EYE-TISS) IS A SUFFIX THAT MEANS INFLAMMATION. IF A WORD ENDS IN -ITIS IT WILL REFER TO AN _____.(29)

29. INFLAMMATION

CYAN/O IS USED IN WORDS TO MEAN BLUENESS. OSIS IS A SUFFIX WHICH MAKES A NOUN AND MEANS CONDITION. CYANOSIS (SY-ANN-O-SIS) WOULD BE A CONDITION OF _____.(30)

30. BLUENESS

OSIS: ALWAYS A SUFFIX
(O-SIS)

ALWAYS FORMS A NOUN
ALWAYS MEANS A CONDITION

BUILD A WORD THAT MEANS A CONDITION OF BLUENESS _____.(31)

31. CYANOSIS

INFORMATION

THE GREEK WORD, TOMAS, MEANS A PIECE CUT OFF. FROM THIS WORD, WE HAVE MANY COMBINING FORMS WHICH REFER TO CUTTING. EC/TOM/Y (ECK-TAH-MEE) (CUT OUT). O/TOM/Y (OT-AH-MEE) (CUT INTO), TOME (AN INSTRUMENT THAT CUTS). REMEMBER TO ASSOCIATE TOM (TOME, ECTOMY, AND OTOMY) WITH CUTTING. A DERMATOME IS AN INSTRUMENT THAT CUTS _____. (32)

32. SKIN

A DERMATOME (DER´-MAH-TOHM) IS AN INSTRUMENT. WHEN A PHYSICIAN WANTS A THIN SLICE OF A PATIENT'S SKIN FOR EXAMINATION UNDER A MICROSCOPE, HE/SHE WILL ASK FOR THE INSTRUMENT, THE _____.(33)

33. DERMATOME

LEUK/O (LUKE-O) MEANS WHITE. TO SAY SOMETHING IS WHITE, USE _____.(34)

34. LEUK/O

INFORMATION

CYTO (SITE-O) REFERS TO CELL. CELLS ARE THE SMALLEST UNIT OF LIFE. TO REFER TO THIS SMALLEST PART OF THE BODY THAT CAN LIVE _____(35) IS USED.

35. CYT/O

CYTOLOGY (SITE-OL´-O-GEE) IS THE STUDY OF CELLS. THE PART OF CYT/O/LOGY THAT MEANS CELL IS _____.(36)

36. CYT/O

THERE ARE SEVERAL KINDS OF CELLS IN BLOOD. ONE KIND IS A LEUK/O/CYTE. A LEUKOCYTE (LUKÉ-O-SITE) IS A WHITE BLOOD _____.(37)

37. CELL

THERE ARE SEVERAL KINDS OF LEUKOCYTES IN THE BLOOD. WHEN A PHYSICIAN WANTS TO KNOW HOW MANY LEUKOCYTES OF ALL KINDS THERE ARE, HE/SHE WILL ASK FOR A _____(38) COUNT.

38. LEUK/O/CYTE

INFORMATION

PENIA IS THE GREEK WORD FOR POVERTY. THE WORD THAT MEANS DECREASE IN, OR NOT ENOUGH OF WHITE BLOOD CELLS IS LEUK/O/CYTO/PENIA (LUKE-O-SITE-O-PEE-NEE-AH). IF THE BODY DOES NOT PRODUCE ENOUGH WHITE BLOOD CELLS, THE PATIENT SUFFERS FROM _____.(39)

39. LEUKOCYTO-PENIA

WE HAVE ALL HEARD OF LEUK/EM/IA (LOO-KEE-MEE-AH) POPULARLY CALLED "BLOOD CANCER". IA IS A NOUN ENDING. EM COMES FROM A GREEK WORD MEANING "BLOOD". A NOUN MEANING "WHITE BLOOD" IS _____.(40)

40. LEUK/EM/IA

IN LEUKEMIA THE BLOOD IS NOT REALLY WHITE. A SYMPTOM OF THIS DISEASE IS THE PRESENCE OF TOO MANY LEUKOCYTES IN THE BLOOD. IT IS FROM THIS SYMPTOM THAT WE DERIVE THE NAME OF THE DISEASE _____.(41)

41. LEUK/EM/IA

INFORMATION

MEGAL/O MEANS LARGE. GASTR IS THE WORD ROOT FOR STOMACH. IA IS A NOUN ENDING. FORM A NOUN THAT MEANS LARGE OR ENLARGEMENT OF THE STOMACH _____ _____.(42)

42. MEGAL/O/ GASTR/IA

IA IS A NOUN ENDING INDICATING A CONDITION. WHEN MEGALOGASTRIA (MEH-GA-LOW-GAS-TREE-AH) OCCURS, AN UNDESIRABLE _____(43) EXISTS.

43. CONDITION

CARDI/O (CAR-DEE-O) IS USED IN BUILDING WORDS THAT REFER TO THE HEART. CARD/ITIS (CARD-EYE-TISS) MEANS _____.(44)

44. INFLAMMATION OF THE HEART

INFORMATION

OLOGY (OL-O-GEE) AND OLOGIST (OL-O-GIST) ARE COMBINING FORMS WHICH ARE USED AS SUFFIXES FOR CONVENIENCE.

LOGOS - GREEK FOR STUDY

LOG/Y - NOUN, STUDY OF

LOGIST - NOUN, ONE WHO STUDIES

A CARDI/O/LOGIST (CAR-DEE-OL-O-GIST) DIAGNOSES HEART DISEASE. THE SPECIALIST WHO DETERMINES THAT A HEART IS DEFORMED IS A _____.(45)

45. CARDIOLOGIST

A PERSON WHO READS ELECT/RO/CAR/DEE/O/GRAM (RECORDS OF ELECTRICAL IMPULSES GIVEN OFF BY THE HEART) IS ALSO A _____.(46)

46. CARDIOLOGIST

GASTR/ECTOMY (GAS-TRECK-TAH-MEE) MEANS EXCISION (REMOVAL) OF ALL OR PART OF THE STOMACH. ECTOMY IS A WORD THAT IS USED AS A SUFFIX. ECTOMY (ECK-TAH-MEE) MEANS _____.(47)

47. REMOVAL OR EXCISION

INFORMATION

CANCER OF THE STOMACH WILL USUALLY RESULT IN A _____.(48)

48. GASTRECTOMY

FORM A WORD THAT MEANS INFLAMMATION OF THE STOMACH _____.(49)

49. GASTRITIS (GAS-TRY-TISS)

DUODEN/O (DO-ODD´-EN-O) IS USED IN WORDS THAT REFER TO THE FIRST PART OF THE SMALL INTESTINE, THE DUODENUM. TO BUILD WORDS REFERRING TO THE DUODENUM, USE _____.(50)

50. DUODEN/O

THE DUODEN/UM (DO-ODD´-EN-UM) IS THE PART OF THE SMALL INTESTING THAT CONNECTS WITH THE STOMACH. DUODEN/O IS A WORD ROOT COMBINING FORM THAT REFERS TO THE _____.(51)

51. DUODENUM

INFORMATION

GASTR/O/DUODEN/OSTOMY (GAS-TROW-DO-ODD-EN-OS-TAH-MEE) MEANS FORMATION OF A NEW OPENING BETWEEN THE STOMACH AND THE DUODENUM. OSTOMY (OS-TAH-MEE) IS A COMBINING FORM WE CAN USE AS A SUFFIX THAT MEANS FORMING AN OPENING.

GASTR/O/DUODEN/OSTOMY MEANS *_____(52) BETWEEN THE STOMACH AND DUODENUM.

52. FORMING AN OPENING

OTOMY IS A COMBINING FORM WE CAN USE AS A SUFFIX BECAUSE IT CONNECTS DIRECTLY TO A WORD ROOT. A DUO/DEN/OTOMY IS AN INCISION INTO THE _____.(53)

53. DUODENUM

IF A DUO/DEN/OTOMY IS AN INCISION INTO THE DUODENUM, THE SUFFIX FOR INCISION INTO IS _____.(54)

54. OTOMY

OTOMY ALWAYS MEANS INCISION. AN INCISION INTO THE DUODENUM IS A _____.(55)

55. DUODENOTOMY

INFORMATION

THE SUFFIX FOR INFLAMMATION IS _____.(56) THE WORD FOR INFLAMMATION OF THE DUODENUM IS _____.(57)

56. ITIS

57. DUODENITIS

DUODEN/AL (DO-ODD-EN-AL) IS AN ADJECTIVE. AL IS AN ADJECTIVAL ENDING MEANING PERTAINING TO (WHATEVER THE ADJECTIVE MODIFIES). ONE ADJECTIVAL ENDING IS _____.(58)

58. AL

IN DUODENAL ULCER AND DUODEN/AL LESION, THE ADJECTIVE IS _____. (59)

59. DUODENAL

THE SUFFIX OSTOMY (OS-TAH-MEE) MEANS MAKING A NEW OPENING. THE WORD TO FORM A NEW OPENING INTO THE DUODENUM IS _____.(60)

60. OSTOMY

THE SUFFIX FOR FORMING A NEW OPENING IS ALWAYS _____.(61)

61. OSTOMY

INFORMATION

FRAME 3

ANATOMY

THE MAIN TUBE CONNECTING THE MOUTH AND THE STOMACH IS CALLED THE ESOPHAGUS (EH-SOPH-A-GUS).

THE SOLID ORGAN THAT MANUFACTURES BILE IS THE LIVER.

THE SMALL SAC THAT STORES BILE IS THE GALL BLADDER.

THE WORD ROOT FOR LIVER IS HEPAT. HEPATITIS (HEP-A-TYE-TISS) REFERS TO **_____.(62)

62. INFLAMMATION OF THE LIVER

INFORMATION

CHOLE (KO-LEE) MEANS BILE. CYST (SISST) MEANS A SAC CONTAINING FLUID. TOGETHER CHOLECYST IS USED IN REFERENCE TO THE GALL BLADDER. MAKE A WORD MEANING "EXCISION OF THE GALL BLADDER"_____.(63)

63. CHOLECYST-ECTOMY (KO-LEE-SISS-TECH-TAH-MEE)

IF THE GALL BLADDER BECOMES INFLAMED THE TERM WOULD BE _____.(64)

64. CHOLECYST-ITIS (KO-LEE-SISS-TYE-TISS)

LITH/O IS THE COMBINING FORM FOR CALCULUS OR STONE.

CALCULI OR STONES CAN BE FORMED IN MANY PLACES IN THE BODY. A CHOL/E/LITH IS A GALL STONE. ONE CAUSE OF GALL BLADDER DISEASE IS THE PRESENCE OF A GALL STONE OR _____.(65)

65. CHOL/E/LITH

INFORMATION

A CHOLELITH MAY BE LARGE OR SMALL. REGARDLESS OF SIZE, THE VERY PRESENCE OF ANY _____(66) INDICATES A DISEASED GALL BLADDER.

66. CHOLELITH

GALL STONES CAN RESULT IN INFLAMMATION OF THE GALL BLADDER - CHOLECYSTITIS. WHEN A CHOLELITH CAUSES CHOLECYSTITIS, A SURGICAL PROCEDURE MAY BE NEEDED. ONE IS AN INCISION INTO THE GALL BLADDER OR _____(67) FOR THE REMOVAL OF THE STONE.

67. CHOL/E/CYST/OTOMY (KO-LEE-SISS-TAH-TOE-MEE)

USUALLY THE PRESENCE OF A GALL STONE CALLS FOR THE EXCISION OF THE GALL BLADDER. THIS IS A _____.(68)

68. CHOLECYST-ECTOMY

THE APPENDIX (A-PEN-DIX) IS A VERY SMALL PIECE OF INTESTINE AT THE BEGINNING OF THE COLON. IF THE APPENDIX BECOMES INFLAMED IT IS TERMED _____.(69)

69. APPENDICITIS (AP-PEN-DAH-SY-TISS)

INFORMATION

WHEN APPENDICITIS OCCURS, A SURGICAL PROCEDURE IS USED TO REMOVE THE APPENDIX. THE MEDICAL TERM FOR THIS IS _____.(70)

70. APPENDECTOMY (AP-PEN-DECK-TAH-MEE)

ILEUM IS USED IN REFERENCE TO THE SMALL INTESTINE. AN ILEOSTOMY IS **_____.(71)

71. TO MAKE A PERMANENT OPENING INTO THE ILEUM

THE OVARY (O-VA-REE) IS THE EGG PRODUCING ORGAN OF THE FEMALE. THE WORD ROOT COMBINING FORM USED IN WORDS THAT REFER TO THE OVARY IS OOPHOR/O (OOF-OR-O); OOPHORECTOMY (OOF-OR-ECK-TAH-MEE) MEANS **_____.(72)

72. EXCISION OF THE OVARY

SALPING/O (SAL-PEN-JOE) IS USED TO BUILD WORDS THAT REFER TO THE FALLOPIAN TUBE(S). AN INFLAMMATION OF THIS IS _____.(73)

73. SALPINGITIS

INFORMATION

EXCISION OF THE FALLOPIAN TUBE IS _____.(74)

74. SALPING-ECTOMY (SAL-PEN-GECK-TAH-MEE)

HYSTER/O (HISS-TER-O) IS USED TO BUILD WORDS ABOUT THE UTERUS. A HYSTER/ECTOMY (HISS-TER-ECK-TAH-MEE) IS AN EXCISION OF THE _____.(75)

75. UTERUS

PEX/Y (PEX-EE) IS A WORD ROOT COMBINING FORM THAT MEANS FIXATION. A HYSTEROPEXY (HISS-TER-O-PEX-EE) IS A SURGICAL FIXATION OF THE _____.(76)

76. UTERUS

FIXATION OF THE UTERUS IS TERMED _____.(77)

77. HYSTEROPEXY

INFORMATION

A HYSTER/O/SALPING/O/OOPHOR/ECTOMY (HISS-TER-OH-SAL-PEN-JOE-OO-FOR-ECK-TAH-MEE) IS THE EXCISION OF THE UTERUS, FALLOPIAN TUBES, AND OVARIES.

_____(78) COMBINING FORM FOR UTERUS

78. HYSTER/O

_____(79) COMBINING FORM FOR FALLOPIAN TUBES

79. SALPING/O

_____(80) ROOT WORD FOR OVARY

80. OOPHOR/O

_____(81) SUFFIX - EXCISION

81. ECTOMY

BUILD THE WORD THAT MEANS EXCISION OF THE UTERUS, FALLOPIAN TUBES, AND OVARIES _____.(82)

82. HYSTERO-SALPING/O/OOPHORECTOMY

INFORMATION

ORCHID/O (OR-KEY-O) IS THE WORD ROOT COMBINING FORM FOR TESTICLE. BUILD A WORD MEANING EXCISION OF THE TESTICLES _____.(83)

83. ORCHIDECTOMY (OR-KEY-ECK-TAH-MEE)

CRYPT/ORCHID/ISM (KRIP-ORK-ISM) MEANS UNDESCENDED TESTICLE. CRYPT MEANS HIDDEN. WHEN A TESTICLE IS HIDDEN IN THE ABDOMINAL CAVITY, THE CONDITION IS KNOWN AS _____.(84)

84. CRYPT/ORCHID/ISM

ORRHAPHY (OR-AH-FEE) IS A SUFFIX THAT MEANS TO REPAIR BY USING SUTURES. HERNIORRHAPHY (HER-KNEE-OR-AH-FEE) MEANS TO REPAIR A HERNIA BY USING SUTURES. ORRHAPHY MEANS * _____.(85)

85. TO REPAIR BY USING SUTURES

CELE IS A SUFFIX THAT MEANS HERNIA. A CYSTOCELE IS A BLADDER _____.(86)

86. HERNIA

INFORMATION

THE PREFIX PRO MEANS BEFORE OR IN FRONT OF. (PRO/GNOS/IS) (PROG-NO-SISS) PROGNOSIS MEANS PREDICTING THE OUTCOME OF A DISEASE. THE PART OF THE WORD THAT MEANS BEFORE IS _____.(87)

87. PRO

THE WORD THAT MEANS PREDICTING THE OUTCOME OF A DISEASE IS _____.(88)

88. PROGNOSIS

DI/A MEANS THROUGH. DIAGNOSIS (DYE-AG-NO-SISS) LITERALLY MEANS KNOWING THROUGH. BY STUDYING THROUGH A DISEASE'S SYMPTOMS, A DOCTOR CAN MAKE A _____.(89)

89. DIAGNOSIS

A FINGER OR TOE IS CALLED A DIGIT. THE WORD ROOT COMBINING FORM FOR THIS IS DACTYL/O (DAC-TILL-O). POLYDACTYLISM (POLLY-DAC-TILL-IS-UM) IS THE CONDITION OF HAVING **_____.(90)

90. TOO MANY DIGITS

INFORMATION

MEN/O IS USED IN WORDS REFERRING TO THE MENSES. MEN/SES (MEN-SISS) IS ANOTHER WORD OR WAY OF SAYING MEN/STRUATION. THE WORD ENDING ORRHEA (O-REE-AH) MEANS TO FLOW. THE WORD FOR "FLOW OF MENSES" IS _____.(91)

91. MEN/ORRHEA

A IS A PREFIX WHICH MEANS ABSENCE OR WITHOUT. BUILD A WORD THAT MEANS THE ABSENCE OF MENSTRUAL FLOW_____.(92)

92. A/MEN/ORRHEA (AY-MEN-O-REE-AH)

HEM/O IS THE WORD ROOT COMBINING FORM FOR BLOOD. STASIS IS A WORD MEANING STOPPING OR CONTROLLING. BUILD A WORD THAT MEANS "CONTROLLING BLOOD FLOW"_____. (93)

93. HEMOSTASIS (HEE-MOE-STAY-SISS)

THE VISCERA (VIH-SIR-AH) ARE THE INTERNAL ORGANS OF THE BODY. THE WORD VISCERAL PERTAINS TO THE **_____.(94)

94. INTERNAL ORGANS

INFORMATION

LAPOR/O (LAP-AH-ROW) MEANS ABDOMINAL WALL. AN INCISION INTO THE ABDOMINAL WALL IS A _____.(95)

95. LAPOROTOMY (LAP-A-ROT-AH-MEE)

OPTHALM/O (OFF-THAL-MO) IS USED IN WORDS TO MEAN EYE. AN OPTHALMOLOGIST IS ONE WHO STUDIES THE _____.(96)

96. EYE

COLP/O (COLE-POE) IS USED IN WORDS ABOUT THE VAGINA. BUILD A WORD MEANING "SUTURE OF THE VAGINA" _____.(97)

97. COLPORRHAPHY (COLE-POUR-AH-FEE)

END/O MEANS WITHIN. ENDOCARDIAL (EN-DO-CARD-EE-ALL) MEANS _____(98) THE HEART.

98. WITHIN

ECT/O MEANS OUTSIDE. AN ECTOPIC (ECK-TOP-ICK) PREGNANCY OCCURS _____(99) THE UTERUS.

99. OUTSIDE

INFORMATION

ANTE/VERSION MEANS TURNING FORWARD. IF RETRO MEANS BACK OR BEHIND, THE WORD FOR TURNING BACKWARD IS _____(100)

100. RETROVERSION

MULTI MEANS MANY. PAR/O IS THE WORD ROOT COMBINING FORM FOR TO BEAR. A MULT/I/PARA (MULL-TIH-PARA) WOMAN IS ONE WHO HAS BORN _____(101) CHILDREN.

101. MANY

AD (ADD) MEANS TOWARD. ADDUCTION MEANS MOVING TOWARD THE MIDLINE. AB MEANS FROM. ABDUCTION MEANS MOVING _____(102) FROM THE MIDLINE.

102. AWAY

AB/ORT MEANS TAKING THE FETUS _____(103) FROM THE MOTHER.

103. AWAY

PER/I MEANS AROUND (PEAR-EE). THE PERICARDIUM (PEAR-AH-CARD-EE-UM) IS _____(104) THE HEART.

104. AROUND

INFORMATION

ANOTHER PREFIX THAT MEANS AROUND IS CIRCUM (SIR-COME). TO CIRCUMCISE (SIR-COME-SIZE) MEANS TO CUT _____.(105) 105. AROUND

EXCISE (EK-SIZE) IS ANOTHER WORD FOR CUT OUT. CISE (SIZE) MEANS TO _____.(106) 106. CUT

PERFORATE (PURR-FOR-ATE) MEANS TO PUNCTURE OR MAKE A HOLE THROUGH. AN ULCER THAT HAS EATEN THROUGH THE STOMACH WALL HAS _____(107) 107. PERFORATED (PAST TENSE) IT.

NECR/O (NEH-CROW) IS USED IN WORDS PERTAINING TO DEATH. NECROSIS (NEH-CROW-SISS) REFERS TO A CONDITION IN WHICH DEAD TISSUE IS SURROUNDED WITH HEALTHY TISSUE. WHEN THE BLOOD SUPPLY TO AN AREA IS CUT OFF, GANGRENE SETS IN. THIS RESULTS IN _____(108) (DEATH) OF THE TISSUE. 108. NECROSIS

INFORMATION

HYSTER/O USUALLY REFERS TO THE UTERUS AS AN ORGAN. METR/O (MEE-TROW) USUALLY REFERS TO THE TISSUES OF THE UTERUS. METR/ITIS (MEE-TRY-TISS) MEANS _____(109) OF THE UTERINE TISSUE.

109. INFLAMMATION

EPI (EP-EE) MEANS OVER OR ABOVE. EPIGASTRIC (EP-EE-GAS-TRICK) REFERS TO THE AREA _____(110) THE STOMACH.

110. OVER

SEPSIS (SEP-SISS) IS A NOUN MEANING REACTION AGAINST BACTERIA AND POISONS. THERE MUST BE AN INFECTION FOR SEPT/IS TO OCCUR. A WORD MEANING WITHOUT SEPSIS IS _____.(111)

111. A/SEPS/IS (AY-SEP-SISS)

CONTRA IS A PREFIX THAT MEANS AGAINST. CONTRAINDICATION IS SOMETHING _____(112) MEDICAL INDICATION IN A GIVEN CONDITION.

112. AGAINST

INFORMATION

THE TRICEPS (TRY-CEPS) MUSCLE HAS THREE HEADS. THE BICEPS (BY-SEPS) MUSCLE HAS _____(113) HEADS.

113. TWO

A UNICORN HAS _____(114) HORN.

114. ONE

UNILATERAL PERTAINS TO _____(115) SIDE.

115. ONE

TO BIFURC/ATE (BY-FUR-KATE) IS TO DIVIDE INTO TWO FORKS. WHEN AN ARTERY DIVIDES INTO TWO BRANCHES, IT _____.(116)

116. BIFURCATES

CON IS A PREFIX THAT MEANS <u>WITH</u>. CONGENITAL (CON-GEN-EH-TALL) MEANS BORN _____. (117)

117. WITH

THE CERVIX IS THE NECK OF THE UTERUS. (SIR'-VEX) CERVIC/O (SIR'-VEH-KO) IS THE WORD ROOT COMBINING FORM. BUILD A WORD MEANING INFLAMMATION OF THE CERVIX. _____ (118)

118. CERVICITIS

INFORMATION

NEO (KNEE'-O) IN WORDS MEANS NEW. NEO/PLASMA REFERS TO ANY KIND OF TUMOR OR NEW GROWTH. A TUMOR IS CALLED _____. (119)

119. NEOPLASMA

THE PROPER MEDICAL WAY TO SAY CLOT IS TO SAY THROMBUS. A SYNONYM FOR CLOT IS _____. (120)

120. THROMBUS

NEPHR/O (NEE'-FROW) IS USED IN REFERENCE TO THE KIDNEY. BUILD A WORD THAT MEANS EXCISION OF A KIDNEY._____ (121)

121. NEPHRECTOMY

CAUTERIZATION (CAW-TER-EYES-A-SHUN) MEANS DESTROYING TISSUE BY BURNING. TO STOP BLEEDING, _____ IS SOMETIMES USED.

122. CAUTERIZATION

-ODYNIA IS FROM THE GREEK WORD MEANING PAIN. THE COMBINING FORM FOR PAIN IS DYS-. MAKE A WORD MEANING PAINFUL MENSTRUATION. _____ (123)

123. DYSMENNORRHEA

INFORMATION

ERYTHRO- MEANS RED. SINCE YOU ALREADY KNOW THE SUFFIX -CYTE MEANS CELL, MAKE A WORD WHICH MEANS RED CELLS.

_____ (124)

124. ERYTHROCYTES

THE FOLLOWING ARE COMBINATIONS OF WORDS FROM THIS MODULE. DETERMINE THE MEANING. WRITE YOUR ANSWERS ON SCRATCH PAPER.
DO NOT WRITE IN THE MOD.

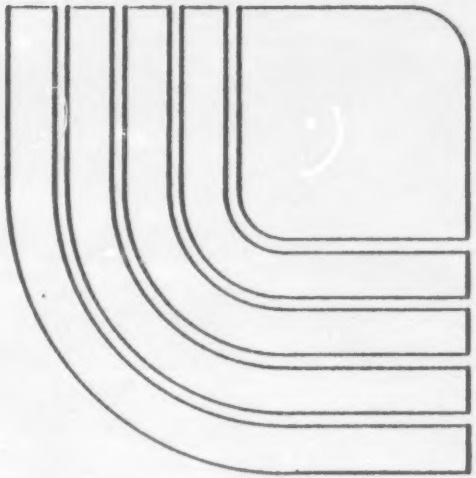
1. HYSTEROPEXY
2. ORCHIDOPEXY
3. CHOLECYSTECTOMY
4. DUODENITIS
5. CHOLELITHIASIS
6. HEPATITIS
7. NEPHRITIS
8. OOPHORECTOMY
9. CARDITIS
10. MEGALODACTYLISM
11. CYANOTIC
12. DERMATOLOGIST
13. GASTRITIS
14. DUODENOSTOMY
15. ANEMIA
16. APPENDECTOMY

17. SALPINGITIS
18. HYSTEROSALPINGECTOMY
19. CARDIAL
20. LEUKORRHEA
21. VISCERAL
22. OPHTHALMOLOGY
23. SEPSIS
24. ANTISEPTIC
25. BILATERAL
26. EXCISE
27. NECROTIC
28. LEUKOCYTOPENIA
29. COLPORRHAPHY
30. ECTOPIC
31. RETROVERSION
32. ADDUCTION
33. MENSTRUAL
34. MULTIPARA
35. ABDUCTION
36. AMENORRHEA

37. LAPAROTOMY
38. PERFORATED
39. BIFURCATE
40. CAUTERIZE
41. ARTERY
42. BACTERIA
43. ASEPTIC
44. CIRCUMCISE
45. ABORT
46. ESOPHAGUS
47. BILE
48. GALL BLADDER
49. CALCULI
50. LIVER
51. CERVIX
52. INCISE
53. INTESTINE
54. COLON
55. ILEUM
56. APPENDICITIS
57. OVARY
58. CRYPTORCHIDISM

59. HYSTEROSALPINGO - OOPHORECTOMY
60. TESTICLE
61. FALLOPIAN TUBE
62. ILEOSTOMY
63. DIGIT
64. HERNIORRHAPHY
65. DIAGNOSIS
66. UTERUS
67. PROGNOSIS
68. SYMPTOM
69. FINGER
70. DYSMENNORRHEA
71. ERYTHROCYTE
72. HERNIA
73. ESOPHAGOGASTRECTOMY
74. HEMOSTASIS
75. HEMOSTAT
76. HEMOSTATIC
77. POLYCYSTIC
78. ABDOMINAL
79. SUTURE
80. ENDOCERVICAL

81. MIDLINE
82. PERISALPINGITIS
83. UNILATERAL
84. CONGENITAL
85. NEOPLASM
86. CARDIOTHROMBOSIS
87. NEPHRORRHAGIA
88. HEPATOMEGALY
89. TONSILITIS
90. ESOPHAGEAL
91. CYTOSTATIC
92. ADENOIDITIS
93. THERMOMETRIC
94. NEPHROPEXY
95. LEUKOCYTE
96. TONSILLECTOMY
97. CYTOMETER
98. CARDIOMEGALY
99. DIGITAL



medical assistant

unit: RECEPTIONING

capital area career center

module: 4401 03 002 7 date: 3/77 level: III

skill title: RECEIVING MEDICAL OFFICE VISITORS

developed & written by: BEVERLY VARNEY

visuals by:

WORD GUIDE

OFFICE VISITORS - ANYONE WHO COMES TO YOUR EMPLOYER'S OFFICE; OTHER DOCTORS, PATIENTS, SALESMEN, PATIENT'S RELATIVES, ETC.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW A MEDICAL OFFICE RECEPTIONIST MUST GREET VISITORS.

AND IN ORDER TO DO THIS YOU WILL NEED:

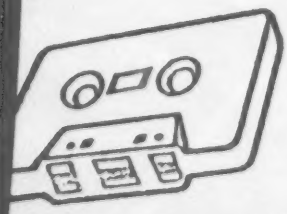
YOUR INSTRUCTOR IS TO ROLE PLAY AN OFFICE VISITOR WHILE YOU ROLE PLAY THE RECEPTIONIST.

WORD GUIDE

COURTEOUS - TO HAVE RESPECT FOR THE NEEDS AND FEELINGS OF OTHERS.

WE WILL KNOW YOU CAN DO IT WHEN:

1. YOU TALK OVER THE QUESTIONS IN THE MOD WITH YOUR INSTRUCTOR AND YOU SHOW THAT YOU KNOW HOW TO HANDLE SITUATIONS IN THE RIGHT WAY.
2. WHILE ROLE PLAYING THE RECEPTIONIST YOU:
   A. SMILE
   B. GREET THE PERSON BY NAME OR ASK HIS/HER NAME
   C. FIND OUT THE REASON FOR THE OFFICE VISIT
   D. REMAIN COURTEOUS AND KIND EVEN IF THE VISITOR IS RUDE.



A TAPE OF THIS MODULE IS AVAILABLE.

INFORMATION

ONE OF THE DUTIES OF A MEDICAL ASSISTANT IS RECEPTIONING. GOOD MEDICAL RECEPTIONISTS MUST BE WARM, FRIENDLY AND ABLE TO PUT THEMSELVES IN THE OTHER PERSON'S PLACE (BE CONSIDERATE). ADD A SMILE, SOME CHARM, A PLEASANT VOICE, A GOOD MEMORY FOR NAMES AND FACES AND YOU'LL BE ABLE TO GET A JOB ALMOST ANYWHERE!

IT TAKES PRACTICE TO FEEL COMFORTABLE AS A RECEPTIONIST SO WE WANT YOU TO READ THE REFERENCE BELOW FOR SOME TIPS ON HOW TO BE A GOOD RECEPTIONIST.

CHAPTER 6, PAGES 48-57, YOUR ROLE AS A MEDICAL ASSISTANT.

INFORMATION

ONE THING YOU WILL NEED TO KNOW IS THAT ALTHOUGH YOU WILL MEET MANY PATIENTS YOU ENJOY, YOU WILL ALSO MEET PEOPLE WHO ARE FEELING SICK, WHO ARE RUDE, SOME WHO ARE IRRITABLE, SOME WHO ARE IN PAIN AND SO FORTH. THE MEDICAL RECEPTIONIST MUST BE PATIENT AND KIND WITH ALL THESE PEOPLE. YOU MUST NOT LET YOUR OWN FEELINGS GET IN THE WAY. IF YOU DO, YOU MIGHT CREATE AN ANGRY PATIENT AND AN ANGRY DOCTOR.

THERE WILL BE TIMES WHEN YOU WILL NEED TO BE FIRM BY REFUSING A REQUEST FOR AN APPOINTMENT OR ABOUT THE PAYMENT OF A BILL, BUT YOU SHOULD NEVER BE RUDE OR UNKIND.

INFORMATION

REMEMBER THESE BASIC RULES:

1. ALWAYS GREET THE PERSON WITH A SMILE AND BY NAME. IF YOU DO NOT KNOW THEIR NAME, YOU SHOULD SMILE AND SAY, "YOU'RE MR._____?" OR "YOU'RE" MRS._____?" OR "COULD I ASK YOUR NAME AGAIN?"
2. INTRODUCE YOURSELF TO NEW PATIENTS.
3. POLITELY FIND OUT WHAT THE PERSON IS THERE FOR. MOST TIMES YOU WILL KNOW THIS BUT IF YOU DON'T KNOW YOU CAN SMILE AND SAY, "WHAT CAN I HELP YOU WITH?" OR "MAY I HELP YOU?" TO FIND OUT THE REASON FOR THE VISIT.

INFORMATION

4. IF THE DOCTOR HAS BEEN DELAYED AND IS RUNNING BEHIND, OFFER A BRIEF REASON, SUCH AS "HELLO, MRS. JANSEN, DR. BURNS IS ABOUT TWENTY MINUTES BEHIND SCHEDULE, SHE HAD AN EMERGENCY EARLIER. SHE'LL BE WITH YOU JUST AS SOON AS POSSIBLE."
5. REMEMBER, THE PHONE IS FOR BUSINESS USE. IF IT IS USED FOR PERSONAL CALLS, THEY SHOULD BE SHORT AND SHOULD BE NECESSARY, LIKE A CALL TO YOUR DENTIST FOR AN APPOINTMENT OR TO A GARAGE TO SEE ABOUT GETTING YOUR CAR FIXED, OR TO YOUR BABYSITTER TO SEE IF SHE CAN STAY LATE, ETC. THESE ARE LIKE <u>YOUR</u> BUSINESS CALLS. BUT - BE BRIEF.

PRACTICE

1. READ THE FOLLOWING CASE STUDIES AND THINK ABOUT THE QUESTIONS.

CASE STUDIES:

1. SCENE - SALLY IS A RECEPTIONIST FOR DR. DUNN. HER DESK IS NEAT AND SHE IS AT HER DESK EFFICIENTLY TYPING A LETTER FOR DR. DUNN. THE DOOR OPENS. A MAN COMES UP TO HER DESK.

CALLER: GOOD MORNING. I HAD AN APPOINTMENT WITH DR. DUNN AT 10 O'CLOCK.

SALLY: OH, YES. HE'LL BE WITH YOU IN ABOUT FIVE MINUTES. HE'S WITH SOMEONE AT THE MOMENT. WON'T YOU PLEASE BE SEATED?

CALLER: THANK YOU.

PRACITCE

(PHONE RINGS)

SALLY: GOOD MORNING, DR. DUNN'S OFFICE. OH, LAURA, IT'S YOU (PAUSE) YES, WE CERTAINLY DID. AND AFTER THE SHOW, WE WENT OUT TO SENOR BOB'S AND WENT DANCING. AND WHO SHOULD WE SEE BUT FRANK. (PAUSE) NO, HE DIDN'T ASK ABOUT YOU. (AS SHE TALKS SHE COMFORTABLY RELAXES IN HER CHAIR, RUNNING A PENCIL CASUALLY THROUGH HER HAIR.) LAURA, WHERE'S YOUR BOSS?
MINE IS IN CONSULTATION NOW--BUSY AS ALWAYS. I'VE GOT LOTS OF WORK TO DO. HE'LL PROBABLY ASK ME TO STAY LATE AGAIN, SO I'LL CALL YOU THEN ABOUT TONIGHT. (PAUSE) OH, I'LL PROBABLY WEAR THAT NEW BLUE DRESS I GOT THE OTHER DAY. (PAUSE) OKAY, BYE.

PRACTICE

QUESTIONS: (CASE STUDY 1)

1. HOW MUCH WORK DID SALLY GET DONE WHILE ON THE PHONE?
2. HOW WOULD YOU FEEL IF YOU WERE ILL AND TRIED TO CALL THE DOCTOR DURING THE TIME SALLY WAS ON THE PHONE?
3. WHAT IMPRESSION OF THE OFFICE WOULD THE WAITING MAN HAVE?

2. SCENE - SAME CASE STUDY 1 ONLY WITH JANE AS RECEPTIONIST.

JANE: GOOD MORNING, MR. AMES.

CALLER: GOOD MORNING. I HAD AN APPOINTMENT WITH DR. DUNN AT 10 O'CLOCK.

PRACTICE

JANE: HE'S EXPECTING YOU. HE'S ON THE PHONE RIGHT NOW. IF YOU'LL PLEASE HAVE A CHAIR HE'LL BE DONE IN ABOUT FIVE MINUTES.

CALLER: THANKS, JANE.

(PHONE RINGS)

JANE: DR. DUNN'S OFFICE, JANE SPEAKING. (PAUSE) HELLO, LAURA, (PAUSE) LAURA, I HAVE A LOT OF WORK TO DO SO I'LL HAVE TO CALL YOU AT LUNCH TIME. (PAUSE) THAT'S FINE THANKS FOR CALLING. BYE.

QUESTIONS: (CASE STUDY 2)

1. WOULD MR. AMES GET THE IMPRESSION THAT JANE'S DOCTOR HAS A BUSY OFFICE?
2. WHY DIDN'T JANE TALK TO LAURA A LITTLE LONGER?

PRACTICE

(CASE STUDY 3) SCENE - SAME AS CASE STUDY 1, EXCEPT SALLY IS CHEWING GUM AND NO ONE IS IN THE OFFICE.

(THE PHONE RINGS)

SALLY: GOOD MORNING. DR. DUNN'S OFFICE, HOLD ON AND I'LL CHECK THE APPOINTMENT BOOK. (SALLY BEGINS TO LOOK THROUGH HER APPOINTMENT BOOK. A WOMAN WALKS IN AND UP TO HER DESK AND STANDS THERE. SALLY DOES NOT LOOK AT HER NOR SPEAK TO HER.) MRS. LEWIS, I HAVE AN OPENING ON WEDNESDAY, APRIL 3, AT 2 P.M. (PAUSE) OKAY, SEE YOU THEN. (HANGS UP. BY THIS TIME THE WOMAN HAS BECOME QUITE IRRITATED, SALLY LOOKS UP AT HER, NO SMILE, AND SAYS) CAN I HELP YOU?

PRACTICE

CALLER: I'M HERE FOR MY APPOINTMENT!

SALLY: WHAT'S YOUR NAME?

CALLER: I'M MRS. LONG. CAN'T YOU REMEMBER ANYTHING!

SALLY: (IN A SNIPPY TONE OF VOICE) I CAN REMEMBER A WHOLE LOT OF THINGS, MRS. LONG. PLEASE SIT DOWN, THE DOCTOR IS BUSY RIGHT NOW.

QUESTIONS: (CASE STUDY 3)

1. WHEN DID SALLY MAKE HER FIRST MISTAKE?
2. DID SALLY'S LAST COMMENT MAKE ANYONE FEEL BETTER?
3. WHAT WOULD DR. DUNN THINK OF SALLY'S COMMENT?

PRACTICE

(CASE STUDY 4) SCENE - SAME AS CASE STUDY 1. JANE AS RECEPTIONIST.

(TELEPHONE RINGS)

JANE: GOOD MORNING. DR. DUNN'S OFFICE, JANE SPEAKING. (PAUSE) YES, MRS. LEWIS. HOLD ON AND I'LL CHECK THE APPOINTMENT BOOK. (JANE BEGINS TO LOOK THROUGH HER APPOINTMENT BOOK AND A WOMAN WALKS UP TO HER DESK. JANE SMILES AT HER.) MRS. LEWIS, I HAVE AN OPENING AT 2 P.M. ON WEDNESDAY, APRIL 3. (PAUSE) FINE, WE'LL SEE YOU ON WEDNESDAY, APRIL 3, AT 2 P.M.

(JANE HANGS UP THE PHONE AND IMMEDIATELY LOOKS AT THE WOMAN, SMILES AND SAYS) SORRY I KEPT YOU WAITING, CAN I HELP YOU?

PRACTICE

CALLER: I'M HERE FOR MY APPOINTMENT!

JANE: COULD I ASK YOUR NAME AGAIN?

CALLER: I'M MRS. LONG! CAN'T YOU REMEMBER ANYTHING!

JANE: (SMILES) THERE ARE SOME DAYS WHEN I WONDER THAT MYSELF! MRS. LONG, IT WILL BE ABOUT 15 MINUTES BEFORE THE DOCTOR CAN SEE YOU. HE WAS DELAYED BY SOMETHING AT THE HOSPITAL. WON'T YOU HAVE A CHAIR? THERE'S A NEW REDBOOK MAGAZINE ON THE TABLE THAT JUST CAME THIS MORNING. THE DOCTOR WILL SEE YOU JUST AS SOON AS POSSIBLE.

QUESTIONS: (CASE STUDY 4)

1. HOW DID JANE BEGIN BETTER THAN SALLY DID?
2. WHAT ELSE DID JANE DO TO IMPROVE THE SITUATION?

PRACTICE

2. READ THE FULLOWING QUESTIONS. YOUR INSTRUCTOR WILL TALK TO YOU ABOUT THEM AND ABOUT YOUR ANSWERS.

QUESTIONS:

1. NAME SOME MISTAKES SALLY MADE.
2. NAME SOME GOOD THINGS JANE DID.
3. CAN YOU EVER MAKE PERSONAL PHONE CALLS FROM A DOCTOR'S OFFICE?
4. CAN YOU MAKE ANY SUGGESTIONS ABOUT HOW SALLY COULD IMPROVE?

3. WHEN YOU ARE READY TO DISCUSS THE QUESTIONS, TELL YOUR INSTRUCTOR. HE/SHE WILL ALSO PLAY THE PART OF THE PATIENT WHILE YOU ACT AS A RECEPTIONIST.

medical assistant

unit: RECEPTIONING

capital area career center

module: 4401 03 004 7 date: 2/77 level: III

skill title: HOW TO TAKE INFORMATION FROM THE MEDICAL OFFICE VISITOR

developed & written by: BEVERLY VARNEY

visuals by: _____

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW TO TAKE INFORMATION FROM MEDICAL OFFICE VISITORS.

AND IN ORDER TO DO YOU WILL NEED:

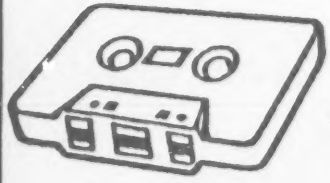
CASE STUDIES INVOLVING RECEPTIONING TECHNIQUE.

QUESTIONS ABOUT THE CASE STUDIES.

YOUR INSTRUCTOR TO ROLE PLAY A SITUATION WITH YOU.

WE WILL KNOW YOU CAN DO IT WHEN:

1. YOU ARE ABLE TO ANSWER THE QUESTIONS IN THE MOD IN SUCH A WAY AS TO SHOW AN UNDERSTANDING OF THE PERSONAL CONSIDERATION NEEDED BY A MEDICAL ASSISTANT.
2. YOU CAN ANSWER THE QUESTIONS ABOUT RECEPTIONING, AS OUTLINED IN THIS MOD.



A TAPE OF THIS MODULE IS AVAILABLE.

INFORMATION

ONE OF THE DUTIES OF A MEDICAL ASSISTANT IS RECEPTIONING. THIS INCLUDES GREETING OFFICE VISITORS, GIVING INFORMATION TO OFFICE VISITORS, TAKING MESSAGES, MAKING APPOINTMENTS AS WELL AS OTHER DUTIES.

IN ORDER TO DO A GOOD JOB THE PERSON WHO IS THE RECEPTIONIST NEEDS TO BE A FRIENDLY, WARM PERSON THAT PEOPLE ENJOY TALKING TO.

ONE PART OF THE JOB OF RECEPTIONIST IS TAKING INFORMATION FROM MEDICAL OFFICE VISITORS. THESE VISITORS WILL INCLUDE PATIENTS, RELATIVES OF PATIENTS, MEDICAL SUPPLY SALESPERSONS, THE DOCTOR'S FAMILY AND OTHER MEDICAL PERSONS.

INFORMATION

YOU MAY TAKE THE INFORMATION IN PERSON OR YOU MAY TAKE IT OVER THE PHONE. SOME OF IT WILL BE SOMETHING. YOU SHOULD WRITE DOWN OR TELL THE DOCTOR. SOMETIMES THE CALLER WILL NEED AN APPOINTMENT. SOME OF IT WILL BE SO YOU CAN MAKE ADDITION TO OR CHANGES ON MEDICAL RECORDS.

WHEN PERSONS FROM THE DOCTOR'S FAMILY (WIFE, CHILDREN, HUSBAND) OR OTHER MEDICAL PROFESSIONALS (DOCTORS, CONSULTANTS, ETC.) COME TO SEE THE DOCTOR, THE RULE USUALLY FOLLOWED IS THAT THEY ARE TAKEN INTO THE DOCTOR'S PRIVATE OFFICE IMMEDIATELY, EVEN IF THEY DO NOT HAVE AN APPOINTMENT.

INFORMATION

TO MAKE APPOINTMENTS YOU NEED TO USE SOME SPECIAL QUESTIONS TO HELP YOU GET THE INFORMATION YOU NEED FROM THE PATIENT. WHEN YOU FIRST START WORKING, YOU MAY WANT TO KEEP A CHECKLIST CLOSE TO YOU SO YOU CAN LOOK AT IT WHEN YOU NEED TO. SOMETIMES IT'S A GOOD IDEA TO WRITE THE INFORMATION ON SCRATCH PAPER AS YOU GO ALONG. HERE IS A SAMPLE CHECKLIST YOU MIGHT USE:

1. ASK THE CALLER'S NAME. (WRITE THE NAME ON SCRATCH PAD.)
2. ASK WHAT THE APPOINTMENT IS FOR. (WRITE THE REASON THE CALLER GIVES YOU ON THE SCRATCH PAD.)
3. ASK WHO THE APPOINTMENT IF FOR. IF THE NAME IS DIFFERENT FROM THE CALLER, WRITE THIS ON YOUR SCRATCH PAD.

WORD GUIDE

OFFICE SURGERY -- AN OPERATION OR CUTTING ACTION TO REMOVE OR REPAIR, WHICH IS DONE IN THE DOCTOR'S OFFICE.

INFORMATION

4. IF YOU DO NOT RECOGNIZE THE NAME, ASK IF THE CALLER IS A NEW PATIENT. "HAVE YOU SEEN THE DOCTOR BEFORE?" (WRITE THIS ON YOUR SCRATCH PAD.)

5. FROM THIS INFORMATION ESTIMATE HOW LONG THE APPOINTMENT WILL TAKE. MOST DOCTORS ALLOW 15 MINUTES PER PATIENT UNLESS IT IS FOR SURGERY, A NEW PATIENT, A COMPLETE PHYSICAL, ETC. THEN ALLOW 30 MINUTES.

6. DECIDE HOW SOON THE PATIENT NEEDS TO BE SEEN.

   A. HOW LONG HAS THE PATIENT BEEN SICK?
   B. IS AN ACCIDENT INVOLVED?
   C. IS IT A NEW PATIENT?
   D. IS OFFICE SURGERY NEEDED?

WORD GUIDE

POST-HOSPITAL - AFTER BEING IN THE HOSPITAL.

CONSULTATION - AN APPOINTMENT FOR A VERY THOROUGH EXAM OR A LONG DISCUSSION.

LAB WORK - EXAMINATION OF BLOOD OR URINE OR OTHER SPECIMENS.

INFORMATION

E. IS IT A POST-HOSPITAL VISIT?

F. IS IT FOR A PARTIAL OR COMPLETE PHYSICAL?

G. IS IT FOR CONSULATION ABOUT PERSONAL? PROBLEMS?

H. IS THERE LAB WORK INVOLVED?

I. HOW LONG WILL YOU NEED TO PREPARE THE PATIENT TO SEE THE DOCTOR?

7. ASK THE PATIENT WHAT TIME OF DAY AND WHAT DAY OF THE WEEK IS BEST FOR THEM TO COME.

INFORMATION

SOME INFORMATION TAKING REQUIRES MORE QUESTIONS. THIS IS MORE TRUE OF PHONE CALLS. FOR INSTANCE, WHEN A PARENT CALLS ABOUT A SICK CHILD. IN ORDER FOR YOU TO DECIDE IF YOU SHOULD GIVE THE PATIENT AN APPOINTMENT, IF THE DOCTOR SHOULD TALK TO THE PARENT, OR IF IT'S ALL RIGHT TO DO NOTHING, YOU NEED TO ASK SOME MORE QUESTIONS. AGAIN, WHEN YOU FIRST BEGIN ON A JOB, A CHECKLIST SHOULD HELP. YOU MUST ALWAYS HAVE THE DOCTOR'S "OKAY" ON YOUR CHECKLIST BEFORE YOU USE IT. HERE ARE SOME EXAMPLES:

-- A PATIENT COMPLAINS OF A SORE THROAT. YOU NEED TO DECIDE IF IT IS SEVERE ENOUGH FOR YOU TO GIVE THE PATIENT AN APPOINTMENT.

WORD GUIDE

FEVER - TEMPERATURE ABOVE 98.6° F.
OR 37° C.

INFORMATION

HOW LONG HAS THE PATIENT HAD THE SORE THROAT? IS THERE ANY FEVER? IS THE THROAT RED? SCRATCHY? ARE THERE ANY WHITE PATCHES ON IT?

-- A PATIENT COMPLAINS OF A COUGH. YOU NEED TO DECIDE IF IT IS SEVERE ENOUGH FOR YOU TO GIVE THE PATIENT AN APPOINTMENT.

HOW LONG HAS THE PATIENT HAD IT? IS THERE ANY FEVER? IS IT A DRY, HACKING COUGH? IS IT A LOOSE COUGH? IS IT CONSTANT? IS IT WORSE WITH ACTIVITY? WHAT, IF ANY, MEDICINE HAS BEEN TRIED?

4.

WORD GUIDE

VOMITING - "THROWING UP", "SICK TO THE STOMACH".

DIARRHEA - LOOSE, WATERY BOWEL MOVEMENTS.

INFORMATION

-- A PATIENT COMPLAINS OF VOMITING. YOU NEED TO DECIDE IF IT IS SEVERE ENOUGH FOR YOU TO GIVE THE PATIENT AN APPOINTMENT.

IS THERE ANY FEVER? HOW LONG HAS THE PATINET BEEN VOMITING? HOW MANY TIMES? WHAT COLOR IS IT? IS THERE ANY DIARRHEA WITH IT? IF "YES" TO DIARREHA THEN ASK, HOW MANY LOOSE STOOLS? ARE THEY PARTIALLY FORMED OR ALL LIQUID? WHAT COLOR ARE THEY? HAS ANY MEDICINE BEEN USED?

WORD GUIDE

VAGINAL BLEEDING - BLEEDING FROM THE BIRTH CANAL.

MENSTRUAL PERIOD - MONTHLY FLOW OF BLOOD FROM THE VAGINA.

INFORMATION

-- A PATIENT CALLS COMPLAINING OF HEAVY VAGINAL BLEEDING. YOU NEED TO DECIDE IF IT IS SEVERE ENOUGH FOR YOU TO GIVE THE PATIENT AN APPOINTMENT.

IS IT TIME FOR A REGULAR MENSTRUAL PERIOD? HOW LONG HAS THE BLEEDING BEEN GOING ON? HOW MANY PADS (KOTEX, ETC.) ARE BEING USED IN EIGHT HOURS? ARE THERE A LOT OF CLOTS? DOES SHE THINK SHE IS PREGNANT?

INFORMATION

THERE ARE ALMOST AS MANY SETS OF QUESTIONS AS THERE ARE PATIENTS. THE THINGS WE HAVE LISTED ARE JUST A FEW. THE JOB YOU TAKE WILL BE THE THING WHICH DECIDES WHICH QUESTIONS YOU MIGHT USE. THE DOCTOR YOU WORK FOR WILL BE THE PERSON WHO HELPS YOU DECIDE EXACTLY WHAT QUESTIONS TO USE.

THE REFERENCE BELOW DOES NOT TALK ABOUT MEDICAL OFFICE VISITORS, HOWEVER, IT DESCRIBES SOME OF THE SAME TYPES OF PEOPLE YOU WILL BE GREETING AND TAKING INFORMATION FROM.

THE RECEPTIONIST BY WOOD AND MCKENNA, PAGES 103-106. IT IS LOCATED IN THE CLASSROOM.

SELF CHECK

CHECK YOUR UNDERSTANDING OF THIS INFORMATION BY ANSWERING THE FOLLOWING. (DO NOT WRITE IN THE MODULE -- ANSWERS ARE ON THE LAST PAGE.)

1. IF MEMBERS OF THE DOCTOR'S FAMILY COME TO SEE THE DOCTOR, YOU SHOULD:

   A. ASK THEM IF THEY HAVE AN APPOINTMENT.

   B. ASK THEM TO SIT DOWN IN THE WAITING ROOM WHILE YOU GET THE DOCTOR.

   C. GIVE THEM A LOLLIPOP.

   D. USUALLY TAKE THEM INTO THE DOCTOR'S OFFICE AT ONCE.

SELF CHECK

2. WHEN SOMEONE CALLS THE OFFICE, THE FIRST THING YOU MUST FIND OUT IS:

   A. WHAT IS WRONG WITH THEM.
   B. WHEN THEY CAN COME FOR AN APPOINTMENT.
   C. WHAT THEIR NAME IS.
   D. WHEN THEY LAST WATCHED TELEVISION.

3. A CHECKLIST IS:

   A. A LIST OF DUTIES YOU MUST DO EACH MORNING.
   B. A SUPPLIES ORDERING LIST.
   C. A SERIES OF QUESTIONS TO ASK PATIENTS.
   D. A GAME COMBINING CHECKERS AND WHIST.

WORD GUIDE

ANTI-HYPERTENSIVE - ANYTHING WHICH WORKS AGINST (ANTI) HIGH BLOOD PRESSURE (HYPERTENSION).

PRACTICE

1. READ THE FOLLOWING CASE STUDIES AND ANSWER THE QUESTIONS.

CASE STUDIES:

1. JIM IS THE RECEPTIONIST FOR DR. PHYSICIAN. MS. BROWN HAS AN APPOINTMENT AT 3:00 P.M. FOR A BLOOD PRESSURE CHECK-UP AND TO CHECK HER ANTI-HYPERTENSIVE MEDICINE. JIM HAS ALLOWED FIFTEEN MINUTES FOR HER APPOINTMENT. AS MS. BROWN CHECKS IN AT JIM'S DESK, JIM NOTICES THAT SHE HAS HER TWO CHILDREN WITH HER. THEY BOTH APPEAR TO HAVE BAD COLDS. WHEN MS. BROWN IS TAKEN TO THE EXAMINING ROOM BY THE OTHER MEDICAL ASSISTANT, THE CHILDREN GO WITH THEM.

PRACTICE

FORTY-FIVE MINUTES LATER, DR. PHYSICIAN IS FINALLY FINISHED WITH THE BROWNS. AFTER OFFICE HOURS HE CALLS JIM INTO HIS OFFICE AND SCOLDS HIM FOR SCHEDULING THREE PATIENTS IN A FIFTEEN MINUTE PERIOD. JIM FINDS OUT THAT MS. BROWN ASKED THE DOCTOR TO EXAMINE THE CHILDREN FOR THEIR COLDS. THE DOCTOR DID THIS AND AS A RESULT HAD BEEN PUT ONE-HALF HOUR BEHIND ON ALL OF HIS APPOINTMENTS FOR THE REST OF THE AFTERNOON.

QUESTIONS: (CASE STUDY 1)

1. JIM WAS VERY ANGRY AT THE PATIENT. HE FELT SHE PUT HIM IN THIS EMBARASSING POSITION. DO YOU AGREE?
2. SHOULD JIM FIND OUT IF MS. BROWN EXPECTED THE DOCTOR TO EXAMINE THE CHILDREN? IF YOUR ANSWER IS "YES", NAME SOME THINGS HE COULD SAY TO MS. BROWN TO FIND OUT.

PRACTICE

3. WHAT COULD JIM HAVE DONE IN THIS SITUATION TO SAVE TIME FOR THE DOCTOR?
4. SHOULD JIM TALK TO MS. BROWN ABOUT THE TROUBLE SHE CAUSED?
5. TALK OVER WITH YOUR INSTRUCTOR HOW TAKING INFORMATION FROM MS. BROWN WOULD HAVE HELPED TO PREVENT THE THINGS THAT HAPPENED.

2. JIM IS SEATED AT HIS DESK. A MR. JONATHON SUMMERS COMES TO THE DESK. HE ASKS FOR AN APPOINTMENT FOR HIMSELF; IT IS FOR A COMPLETE PHYSICAL EXAM. HE IS A NEW PATIENT. JIM GAVE MR. SUMMERS AN APPOINTMENT IN THREE WEEKS, FOR 9 A.M. ON FRIDAY, FEBRUARY 23.

PRACTICE

QUESTIONS: (CASE STUDY 2)

1. WRITE, ON SCRATCH PAPER, THE QUESTION JIM HAD TO ASK THE PATIENT TO GET EACH OF THE FOLLOWING ANSWERS:

   A. JONATHON SUMMERS
   B. APPOINTMENT
   C. A COMPLETE PHYSICAL EXAM
   D. A NEW PATIENT
   E. 9 A.M.
   F. FRIDAY

2. WHAT DID JIM HAVE TO DECIDE BEFORE HE KNEW IT WAS ALRIGHT TO WAIT THREE WEEKS?

DISCUSS YOU ANSWERS WITH YOUR INSTRUCTOR.

WORD GUIDE

BIRTH DEFECTS - CONDITIONS, OF A PERSONS BODY, WHICH ARE PRESENT AT BIRTH AND WHICH ARE NOT NORMAL. SOME EXAMPLES ARE A CLEFT PALATE, PART OF AN EXTREMITY MISSING, A CLUB FOOT, ETC.

PRACTICE

3. JIM IS SEATED AT THE RECEPTIONIST'S DESK. HIS EMPLOYER'S HUSBAND, MR. POTTER, COMES INTO THE WAITING ROOM MR. POTTER HAS COME TO EXCHANGE CARS WITH DR. POTTER BUT HE DOESN'T HAVE KEYS TO HER CAR. JIM KNOWS THAT DR. POTTER IS TALKING TO THE PARENTS OF A NEWBORN BABY WITH BIRTH DEFECTS AND WILL NOT WANT TO BE DISTURBED. HE ALSO KNOWS MR. POTTER WILL NOT WANT TO WAIT UNTIL DR. POTTER IS FREE.

TURN PAGE →

PRACTICE

QUESTION: (CASE STUDY 3)

1. SHOULD YOU HAVE MR. POTTER GO INTERRUPT DR. POTTER TO GET THE KEYS?
2. TALK TO YOUR INSTRUCTOR, AS IF YOU WERE JIM TALKING TO MR. POTTER. EXPLAIN WHAT DR. POTTER IS DOING AND IF YOU (JIM) WILL INTERRUPT DR. POTTER.
3. IF YOU WERE JIM HOW WOULD YOU GET THE KEYS FROM DR. POTTER, FOR HER HUSBAND?

DISCUSS THE ANSWERS WITH YOUR INSTRUCTOR.

ANSWERS TO SELF CHECK QUESTIONS, PAGE 16.

1. D
2. C
3. C

medical assistant

unit: RECEPTIONING

capital area career center

module: 4401 03 005 7 date: 1/77 level: III

skill title: HOW TO SORT INCOMING MAIL IN THE PHYSICIAN'S OFFICE

developed & written by: BEVERLY VARNEY

visuals by: _____

PERFROMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW TO HANDLE MEDICAL OFFICE MAIL.

AND IN ORDER TO DO THIS YOU WILL NEED:

A SAMPLE PACKAGE OF MAIL AND SOME QUESTIONS ABOUT MAIL HANDLING.

WE WILL KNOW THAT YOU CAN DO IT WHEN:

1. YOU HAVE SORTED THE MAIL ACCORDING TO THE GUIDES GIVEN IN THIS MODULE.

2. YOU CAN ANSWER THE QUESTIONS AT THE END OF THE MODULE.

A TAPE OF THIS MODULE IS AVAILABLE.

INFORMATION

MEDICAL OFFICE PROCEDURES BY BREDOW
CHAPTER 7, PAGES 65-66 TO "OUTGOING MAIL"

THE ABOVE READING TELLS YOU ABOUT SOME OF THE KINDS OF MAIL YOU GET IN A MEDICAL OFFICE. IT ALSO TELLS SOME WAYS OF TAKING CARE OF THAT MAIL.

SECRETARIAL OFFICE PROCEDURES BY
MEEHAN - OLIVERIO - PASEWORK 8TH. EDITION
PAGES 233-236

THE ABOVE TELLS YOU HOW TO FOLD LETTERS FOR 3 DIFFERENT ENVELOPES; SOME IDEAS FOR SEALING ENVELOPES; SOME INFORMATION ABOUT STAMPS AND ENVELOPES.

INFORMATION

BELOW IS A LIST OF THE MOST COMMON ITEMS IN THE MEDICAL OFFICE MAIL AND THE MOST COMMON WAY OF HANDLING EACH.

X-RAY REPORTS

E C G REPORTS

LETTERS OF REFERRAL

LETTERS ABOUT CONSULTATIONS

NEGATIVE LABORATORY REPORTS

OPEN THESE, PLACE THEM ON THE DOCTORS DESK. WHEN THEY HAVE BEEN SEEN BY THE DOCTOR, FILE THEM IN THE PATIENT'S MEDICAL RECORD.

POSITIVE LABORATORY REPORTS - PLACE IN A SEPARATE PLACE OR ON TOP OF THE PILE OF MAIL. BE SURE TO CALL THEM TO THE DOCTOR'S ATTENTION AS SOON AS HE/SHE ARRIVES AT THE OFFICE.

INFORMATION

STATEMENTS (BILLS) - THESE ARE FROM PEOPLE OR COMPANIES TO WHOM THE DOCTOR OWES MONEY FOR SERVICES.

EXAMPLES:

UTILITY BILLS

SUPPLY-HOUSE BILLS

BUSINESS CONSULTANT FEES

THESE WILL GO TO THE DOCTOR OR HIS/HER ACCOUNTANT.

STATEMENTS YOU MAILED AND WERE RETURNED TO YOU - THESE ARE BILLS TO A PATIENT FOR MONEY OWED TO THE DOCTOR. YOU HAVE MAILED THEM TO THE PATIENT, BUT EITHER YOU MADE A MISTAKE ON THE ADDRESS OR THE PATIENT HAS MOVED. YOU WILL CHECK TO SEE IF YOU MADE AN ERROR. IF YOU DID NOT, YOU WILL TRY TO TRACE THE PERSON, HIS EMPLOYER, OR RELATIVES.

INFORMATION

NOTICES OF SEMINARS, SYMPOSIUMS, MEDICAL MEETINGS - ALL DOCTORS IN THE STATE OF MICHIGAN ARE REQUIRED TO SPEND 50 HOURS PER YEAR IN SOME KIND OF CONTIUNING EDUCATION. IF THEY DO NOT DO THIS, THEIR LICENSE TO PRACTICE MEDICINE WILL NOT BE RENEWED.

YOU WILL PUT NOTICES OF SUCH MEETINGS ON THE DOCTOR'S DESK AND IF HE/SHE DECIDES TO ATTEND, YOU MAY MAKE THE ARRANGEMENTS FOR TRAVEL, ETC. YOU MUST WRITE THE DATE ON THE CALENDAR AND IN THE APPOINTMENT BOOK SO YOU KNOW THE DOCTOR WILL BE GONE ON THAT DATE.

PERSONAL AND/OR CONFIDENTIAL MAIL - DO NOT OPEN. PLACE ON THE TOP OF THE PILE OF MAIL ON THE DOCTOR'S DESK.

INFORMATION

CHECKS RECEIVED IN PAYMENT TO THE DOCTOR - RECORD THEM ON THE PATIENT'S ACCOUNT RECORD AND YOUR DAY BOOK PAGE; STAMP THEM WITH THE DOCTOR'S ENDORSEMENT STAMP; PLACE THEM IN YOUR CASH BOX UNTIL THE END OF THE DAY. THESE ARE THE MOST IMPORTANT ENCLOSURES TO LOOK FOR IN THE MAIL.

ADVERTISING - CHECK WITH YOUR EMPLOYER, BUT SINCE HE/SHE RECEIVES SO MUCH OF THIS SO OFTEN IT IS USUALLY THROWN AWAY WITHOUT THE DOCTOR SEEING IT.

REQUESTS FOR THE DOCTOR'S SERVICES - EXAMPLES ARE INVITATIONS TO SPEAK AT SOME MEETING; REQUEST FOR THE DOCTOR TO DONTATE TIME TO A CLINIC; REQUESTS FOR THE DOCTOR TO DO PHYSICALS ON ATHLETIC TEAMS, ETC. YOU SHOULD BE SURE HE SEES THESE WHEN HE COMES INTO THE OFFICE AND THAT YOU FOLLOW-UP WITH ANY ARRANGEMENTS WHICH HAVE TO BE MADE.

INFORMATION

NOTICES OF CHANGE OF ADDRESS - MAKE THE CHANGES ON ALL OF THAT PATIENT'S MEDICAL AND BUSINESS RECORDS.

REQUESTS FOR RECORDS - GET PERMISSION FROM THE DOCTOR; MAKE COPIES; SEND THE COPIES; WRITE ON THE RECORDS YOU KEPT WHERE THE COPIES WERE SENT.

WORD GUIDE

ENCLOSURE - SOME PIECE OF MATERIAL MAILED WITH A LETTER OR STATEMENT. A LETTER CONTAINING AN ENCLOSURE WILL HAVE "ENC." TYPED IN THE LOWER LEFT CORNER.

JOB STEPS

1. GET THE PACKAGE OF MAIL FROM THE FILE CABINET IN THE CLASSROOM.

2. SORT THE MAIL INTO THREE PILES:

   A. THE MAIL YOU WILL HANDLE AND THE DOCTOR DOES NOT NEED TO SEE.
   B. THE MAIL THE DOCTOR CAN LOOK AT SOMETIME DURING THE DAY.
   C. THE MAIL YOU NEED TO TALK TO THE DOCTOR ABOUT AS SOON AS HE COMES INTO THE OFFICE.

-5

JOB STEPS

3. BE READY TO ANSWER THE QUESTIONS BELOW WITH YOUR INSTRUCTOR.

4. ASK YOUR INSTRUCTOR TO CHECK THE MAIL WITH YOU AND TO TALK ABOUT THE QUESTIONS WITH YOU.

   A. WHY SHOULD EVERY M.A. SECRETARY REGARDLESS OF THE SIZE OF HER OFFICE, KNOW THE BEST WAYS OF HANDLING INCOMING MAIL?

   B. WHY SHOULD THE M.A. SECRETARY INSPECT THE ENCLOSED CONTENTS OF EVERY LETTER AS SOON AS THEY ARE REMOVED FROM THE ENVELOPE?

      FOR WHAT SPECIFIC ENCLOSURES SHOULD ALL SECRETARIES LOOK?

   C. A LETTER IS RECEIVED, BUT THE ENCLOSRUE IS MISSING. WHAT SHOULD THE SECRETARY DO?

WORD GUIDE

ANNOTATE - TO MARK THE MAIN ITEMS OF INTEREST IN A LETTER OR OTHER PIECE OF MAIL.

JOB STEPS

D. UNDER WHAT CIRCUMSTANCES IS IT DESIRABLE TO ATTACH THE ENVELOPE TO THE CONTENTS OF A PIECE OF MAIL?

E. WHY ARE CHECKS STAMPED WITH THE ENDORESEMENT AS SOON AS THEY ARE OPENED?

F. WHAT DO YOU DO WHEN YOU ANNOTATE MAIL?

G. A LETTER IS RECEIVED IN WHICH REFERENCE IS MADE TO A PACKAGE COMING UNDER SEPARATE COVER. HOW CAN A SECRETARY REMIND HERSELF TO LOOK FOR THE PACKAGE IN A LATER DELIVERY?

JOB STEPS

H. EDNA LARSEN, M.A. TO DR. GRANT, OPENS AND READS HER EMPLOYER'S MAIL EVERY MORNING BEFORE PLACING IT ON HIS DESK FOR REPLY. AFTER OPENING AND READING A LETTER FROM A MANAGEMENT COUNSEL FIRM QUESTIONING SOME OF THE OFFICE PRACTICES, SHE NOTICES THAT THE ENVELOPE IS CLEARLY MARKED <u>CONFIDENTIAL</u>.

HOW WOULD YOU HANDLE THIS SITUATION IF YOU WERE EDNA?

I. GIVE THREE SUGGESTIONS FOR AVOIDING LOSS OR SEPARATION OF ENCLOSURES FROM INCOMING CORRESPONDENCE.

J. FOLD A PIECE OF SCRATCH PAPER LIKE AN OUTGOING LETTER TO FIT INTO A STANDARD NO. 10 AND TO FIT INTO A NO. 6 3/4 ENVELOPE.

K. HOW DO SOME FIRMS DESIGN THEIR FORMS AND FORM LETTERS TO FACILITATE INSERTION IN WINDOW ENVELOPES?

medical assistant

unit: ASEPSIS

capital area career center

module: 4401 04 001 7 date: 2/77 level:

skill title: HANDWASHING FOR OFFICE USE

developed & written by: PENNY FARHAT

visuals by: SANDRA GOSTOMSKI

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW TO DO HANDWASHING FOR OFFICE USE.

AND IN ORDER TO DO THIS YOU WILL NEED:

SINK

SOAP

SOAP HOLDER

PAPER TOWEL

WATCH

WE WILL KNOW YOU CAN DO IT WHEN:

YOU CAN WASH UP SO THAT:

1. YOU HAVE NOT SPLASHED SOAP AND WATER.
2. ALL SURFACES OF YOUR HANDS ARE WASHED WITH SOAP.
3. THE SOAP IS RINSED BEFORE RETURNING TO THE SOAP HOLDER.
4. YOUR HANDS ARE THOROUGHLY RINSED AND DRIED.

A TAPE OF THIS MODULE IS AVAILABLE

4-1

INFORMATION

READ:

INTRODUCTION TO PATIENT CARE
KOZIER, PP. 203 - 205.

WORD GUIDE

ROTARY - REVOLVING OR TWISTING MOVEMENT.

JOB STEPS

1. PUSH YOUR WATCH UP OR REMOVE IT.

2. STAND BACK FAR ENOUGH FROM THE SINK TO KEEP FROM GETTING YOUR UNIFORM WET.

3. TURN THE FAUCETS ON AND ADJUST WATER TO THE RIGHT TEMPERATURE.

4. RINSE YOUR HANDS.

5. PICK UP THE SOAP FROM THE SOAP HOLDER.

6. LATHER YOUR HANDS WITH SOAP.

JOB STEPS

7. RINSE THE SOAP AND PLACE IT BACK INTO THE SOAP HOLDER.

8. WASH YOUR HANDS IN A ROTARY MOTION, RUBBING THEM TOGETHER.

9. WASH THE PALMS OF YOUR HANDS, THE BACK OF YOUR HANDS, BETWEEN YOUR FINGERS AND YOUR WRISTS.

10. HOLD YOUR HANDS UNDER THE RUNNING WATER. HOLD YOUR FINGERTIPS HIGHER THAN YOUR WRISTS SO THAT THE WATER RUNS DOWN TOWARD THE WRISTS.

JOB STEPS

11. RINSE FOR 1 MINUTE. HOLD YOUR HANDS HIGHER THAN YOUR ELBOWS.

12. USE A PAPER TOWEL AND DRY YOUR HANDS FROM FINGERTIPS TO WRISTS.

13. USING THE PAPER TOWEL TURN OFF THE FAUCETS AND DISCARD TOWEL.

medical assistant

unit: ASEPSIS

capital area career center

module: 4401 04 002 7 date: FEBRUARY 1977 level: IV

skill title: CLEANING SOILED INSTRUMENTS

developed & written by: PENNY FARHAT

visuals by: MARY ANN GAMEL

132

WORD GUIDE

DEBRIS - TISSUE OR MATERIAL FROM A SURGICAL WOUND.

FILM - COATING FROM GREASE OR CHEMICALS.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW TO CLEAN SOILED INSTRUMENTS.

AND IN ORDER TO DO THIS YOU WILL NEED:

DIRTY STAINLESS STEEL INSTRUMENTS
A SINK WITH DETERGENT AND WATER
SCRUB BRUSH FOR WASHING
A BASIN OR SECOND SINK WITH CLEAR WATER
A SURFACE TO DRAIN AND DRY THE INSTRUMENTS
CLOTHS FOR DRYING

-2-

WE WILL KNOW YOU CAN DO THIS WHEN:

1. EACH INSTRUMENT IS CLEANED OF ALL DEBRIS, FILM AND STAIN.
2. EACH INSTRUMENT IS DRIED COMPLETELY SO IT WILL NOT WATER STAIN.

A TAPE OF THIS MODULE IS AVAILABLE.

4

INFORMATION

TO MAKE SOILED INSTRUMENTS EASIER TO CLEAN, SOAK THEM IN COLD WATER UNTIL YOU CAN WASH THEM. THIS WILL KEEP SOIL AND STAINS FROM BECOMING DIFFICULT TO REMOVE.

IF YOU CANNOT DO THIS, IT WILL HELP TO SOAK THE INSTRUMENTS FOR A FEW MINUTES BEFORE WASHING THEM.

JOB STEPS

1. PUT ENOUGH WATER IN A SINK TO COVER INSTRUMENTS IF THEY WERE PUT IN. ADD ENOUGH DETERGENT TO MAKE SUDS.

2. REMOVE KNIFE BLADES FROM HANDLES AND DISCARD BLADES IN WASTE CONTAINER FOR SHARP INSTRUMENTS.

3. SHARP OR POINTED INSTRUMENTS SHOULD BE PICKED UP, WASHED, AND DRIED ONE BY ONE, SO THAT YOU DO NOT INJURE YOURSELF.

4. PLACE ALL BLUNT INSTRUMENTS IN THE SINK OF DETERGENT AND WATER. BE SURE THEY ARE OPEN.

JOB STEPS

5. USING THE BRUSH, AND A CLOTH WHEN NECESSARY, CLEAN ALL SURFACES OF EACH INSTRUMENT TO FREE IT FROM ALL DEBRIS, FILM AND STAIN.

6. WITH CLEAR WATER, RINSE THE INSTRUMENTS IN THE SINK AND ALLOW THEM TO DRAIN.

7. COMPLETELY DRY EACH INSTRUMENT WITH A CLOTH.

8. PUT AWAY ALL EQUIPMENT.

medical assistant

unit: ASEPSIS

capital area career center

module: 4401 04 003 7 date: FEBRUARY 1977 level: IV

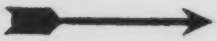
skill title: USING STERILE TRANSFER FORCEPS

developed & written by: PENNY FARHAT

visuals by: MARY ANN GAMEL

3

WORD GUIDE



CANNISTER - A BOX OR CAN TO STORE DRY MATERIALS.

PERPENDICULAR - STRAIGHT UP AND DOWN.

GERMICIDE SOLUTION - A LIQUID WHICH KILLS GERMS. IN THE LAB WE USE AQUEOUS ZEPHIRAN. YOU WILL LEARN HOW TO MAKE THE SOLUTION IN MODULE 4401 04 010 7.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW TO USE STERILE TRANSFER FORCEPS.

AND IN ORDER TO DO THIS YOU WILL NEED:

A CONTAINER WITH GERMICIDE SOLUTION AND A PAIR OF STERILE FORCEPS
A STERILE INSTRUMENT TRAY
A CANNISTER OF COTTON BALLS

WE WILL KNOW YOU CAN DO THIS WHEN:

1. THE TRANSFER FORCEPS ARE REMOVED WITHOUT TOUCHING THE RIM OF THE CONTAINER.
2. THE EXCESS SOLUTION DRIPS BACK INTO THE CONTAINER.
3. THE TRANSFER FORCEPS ARE HELD PERPENDIDULAR.
4. THE COTTON BALLS ARE REMOVED WITHOUT TOUCHING THE RIM OF THE CANNISTER.
5. THE COTTON BALLS ARE DROPPED ON THE TRAY WITHOUT TOUCHING THE TRAY WITH THE TRANSFER FORCEPS.

A TAPE OF THIS MODULE IS AVAILABLE

4-

INFORMATION

TRANSFER FORCEPS ARE RING FORCEPS OR A "SPONGE STICK", ESPECIALLY DESIGNED TO USE WHEN PICKING UP STERILE EQUIPMENT OR MATERIAL.

READ:

INTRODUCTION TO OPERATING TECHNICIAN
BERRY AND KOHN, 3RD EDITION, PP. 32-49

INTRODUCTION TO PATIENT CARE
DU GAS; 2ND EDITION, P. 203, "ASEPSIS"

JOB STEPS

1. LIFT THE LID OFF FROM THE CANNISTER OF COTTON BALLS WITH YOUR LEFT HAND.

2. CONTINUE TO HOLD THE LID IN YOUR LEFT HAND AS YOU LIFT THE TRANSFER FORCEPS OUT OF THE CONTAINER WITHOUT TOUCHING THE TIP ON THE RIM OF THE CONTAINER, KEEPING THE TIPS POINTED STRAIGHT DOWN SO THE SOLUTION DOES NOT RUN FROM TIPS TOWARD HANDLE.

3. LET THE SOLUTION DRIP BACK INTO THE CONTAINER.

4. USING THE TRANSFER FORCEPS REACH INTO THE COTTON BALL CANNISTER WITHOUT TOUCHING THE RIM OF THE CANNISTER.

JOB STEPS

5. GRASP THE AMOUNT OF COTTON BALLS NEEDED WITH THE TRANSFER FORCEPS (USE 3 FOR PRACTICE PURPOSES).

6. LIFT THE COTTON BALLS STRAIGHT OUT OF THE CANNISTER WITHOUT TOUCHING THE RIM, WHILE PLACING THE LID BACK ON CANNISTER WITH YOUR LEFT HAND.

7. HOLDING THE TRANSFER FORCEPS AND COTTON BALLS 6" ABOVE THE OPENED INSTRUMENT TRAY, DROP THE COTTON BALLS ONTO THE NECESSARY AREA OF THE TRAY.

8. PLACE THE TRANSFER FORCEPS BACK INTO THE CONTAINER WITHOUT TOUCHING THE RIM.

medical assistant

unit: SUPPLIES AND EQUIPMENT MAINTENANCE

capital area career center

module: 4401 06 001 7 date: 7/77 level: II

skill title: HOW TO ORDER AND CARE FOR MEDICAL SUPPLIES

developed & written by:

visuals by: BEVERLY VARNEY

WORD GUIDE

MEDICAL SUPPLIES - SUPPLIES USED IN THE DIAGNOSIS AND TREATMENT OF PATIENTS.

INVENTORY - A LIST OF ALL THE SUPPLIES AND EQUIPMENT.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW TO ORDER AND CARE FOR MEDICAL SUPPLIES.

AND IN ORDER TO DO THIS YOU WILL NEED:

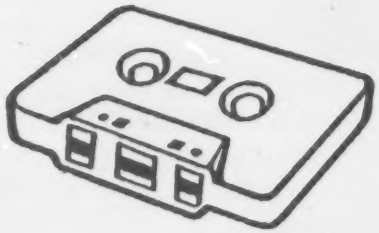
INVENTORY LIST

PAPER

PENCIL

WE WILL KNOW YOU CAN DO THIS WHEN:

1. YOU CAN LOCATE AND COUNT ALL EQUIPMENT ON THE INVENTORY LIST.
2. YOU CAN DETERMINE WHICH SUPPLIES NEED TO BE RE-ORDERED.



A TAPE OF THIS MODULE IS AVAILABLE.

INFORMATION

IN YOUR ROLES AS A MEDICAL ASSISTANT, READ CHAPTER 14, "YOUR ROLE AS SUPPLY CLERK AND PURCHASING AGENT." THE INFORMATION WILL HELP CLEAR UP ANY QUESTIONS YOU HAVE.

IT IS NECESSARY FOR YOU TO KNOW WHICH ITEMS WE SHOULD HAVE FROM THE INVENTORY LIST. YOU SHOULD ALSO KNOW WHAT COMPANY MANUFACTURES THE ITEM AND HOW IT IS SUPPLIED. HOW IT IS SUPPLIED CONTAINS THE MOST COMMON UNITS OF SUPPLY:

1/2 DOZEN OR 6 ITEMS
1 DOZEN OR 12 ITEMS
500 ITEMS PER BOX OR CASE
1 GROSS OR 12 DOZEN (144 ITEMS)
1000 ITEMS
1 CASE - THE NUMBER PER CASE VARIES WITH EACH ITEM YOU ORDER. YOU MUST KNOW HOW MANY ITEMS IN A CASE, OR A BOX, OR A PACKAGE.

INFORMATION

IF A BOX OR A CASE IS MORE THAN HALF FULL, LOOK TO SEE HOW MANY ITEMS ARE IN THE TOTAL WHEN FULL AND THEN ESTIMATE HOW MANY ITEMS ARE IN THE BOX. FOR EXAMPLE, IF A BOX CONTAINS 500 SYRINGES AND IT LOOKS A LITTLE OVER HALF FULL, DO NOT COUNT THE SYRINGES, BUT GUESS ABOUT 300. IF LESS THAN HALF FULL, YOU MAY NEED TO COUNT THE ITEMS.

IN A MEDICAL OFFICE, YOU SHOULD ALSO HAVE AN INVENTORY. YOU WILL NEED TO KNOW WHEN YOUR SUPPLY IS LOW SO THAT YOU CAN ORDER MORE. TO DETERMINE WHEN AN ITEM SHOULD BE RE - ORDERED DEPENDS ON HOW MANY PATIENTS THE DOCTOR SEES AND HOW MANY HE/SHE USES OF THAT PARTICULAR ITEM.

INFORMATION

THE DOCTOR USUALLY HAS ONE OR TWO MEDICAL SUPPLY PLACES FROM WHICH HE/SHE WILL ORDER. USUALLY, YOU CAN PLACE A TELEPHONE ORDER WITH THESE SUPPLY PEOPLE. IF YOU WORK FOR A LARGE GROUP PRACTICE, THERE MAY BE A BUSINESS MANAGER WHO IS IN CHARGE OF PURCHASING ALL EQUIPMENT. YOU WOULD ONLY NEED TO TELL THE BUSINESS MANAGER WHEN THE ITEM IS NEEDED.

WHEN SUPPLIES ARE DELIVERED, THERE WILL BE A PACKING SLIP OR AN INVOICE WHICH INDICATES THE CONTENT IN THE BOX. CHECK THE INVENTORY SLIP TO MAKE SURE NO ITEMS ARE MISSING. YOU MAY SEE AN ITEM LISTED BUT IS MARKED "BACK ORDER". THE COMPANY IS TEMPORARILY OUT OF THAT ITEM AND WILL SHIP IT LATER. WHEN YOU ARE CERTAIN ALL ITEMS ARE THERE, STORE THEM ON SHELVES WITH THE

INFORMATION

OTHER EQUIPMENT AND MARK THE PACKING SLIP. FOR EXAMPLE: ALL ITEMS RECEIVED ON (DATE) OR ALL ITEMS RECEIVED EXCEPT BACK ORDER.

IF AN ITEM IS LISTED AND IS NOT CONTAINED IN THE BOX, MARK THAT ITEM ON THE PACKING SLIP. THEN, CONTACT THE COMPANY. TELL THEM THE MISSING ITEM AND ASK THEM TO SHIP IT.

JOB STEPS

1. COLLECT YOUR MATERIALS.

2. ASK YOUR INSTRUCTOR FOR THE CLASSROOM INVENTORY LIST.

3. CHECK EACH ITEM ON THE INVENTORY LIST AND WRITE DOWN THE AMOUNT ON HAND.

4. CONSIDER THERE ARE 40 STUDENTS IN THE CLASS AND THE SCHOOL YEAR ENDS IN THE MIDDLE OF JUNE. WRITE DOWN THE ANSWERS TO THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER.

   A. IS THERE ENOUGH OF EACH SUPPLY ITEM TO LAST THE YEAR?

   B. HOW SOON SHOULD YOU ORDER (SHORT SUPPLY) ITEMS?

TURN PAGE →

JOB STEPS

5. MAKE A LIST OF ITEMS THAT NEED TO BE ORDERED.

6. HAVE YOUR INSTRUCTOR CHECK OVER THE LIST.

7. HELP TO UNPACK AND STORE NEW SUPPLIES AS THEY ARRIVE.

medical assistant

unit: SUPPLIES AND EQUIPMENT MAINTENANCE

capital area career center

module: 4401 06 002 7 date: 6/77 level: II

skill title: HOW TO ORDER AND CARE FOR LAUNDRY

developed & written by: BEVERLY VARNEY

visuals by:

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW TO CARE FOR AND ORDER LAUNDRY.

AND IN ORDER TO DO THIS YOU WILL NEED:

WASHCLOTHS

TOWELS

SHEETS

PILLOWCASES

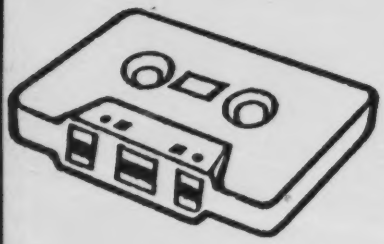
PATIENT'S EXAMINATION GOWNS

STORAGE CABINET

STORAGE CUPBOARD

WE WILL KNOW YOU CAN DO IT WHEN:

1. YOU CAN CORRECTLY ANSWER QUESTIONS BASED ON THE CONTENT IN THE "INFORMATION" SECTION.
2. YOU CAN SEND OUT AND RECEIVE CLASSROOM LAUNDRY.
3. YOU CAN RECOGNIZE IF THE CLASSROOM SUPPLY IS FILLED.



A TAPE OF THIS MODULE IS AVAILABLE.

INFORMATION

YOU NEED TO KNOW HOW TO TAKE CARE OF THE LAUNDRY IN A DOCTOR'S OFFICE BECAUSE SOME DOCTORS DO NOT USE PAPER DISPOSABLE SHEETS, TOWELS, ETC.

MANY PHYSICIANS RENT SHEETS, TOWELS, PATIENT GOWNS, AND THEIR OWN COATS FROM A LINEN SUPPLY FIRM THAT MAKES WEEKLY DELIVERIES. THE COMPANIES, AS A RULE, RENT OUT A CERTAIN NUMBER OF EACH ITEM AT A FLAT RATE PER MONTH.

YOU WILL NEED TO DECIDE THE AMOUNT OF EACH ITEM YOU NEED FOR A MONTH. THE LAUNDRY WILL LEAVE CLEAN ITEMS EQUAL TO THE NUMBER OF DIRTY ITEMS THEY TAKE AWAY. FOR INSTANCE, IF THE DOCTOR DOES ONE PHYSICAL A DAY AND USES ONE SHEET AND TOWEL FOR EACH, YOU NEED TO ORDER AT LEAST 30 TOWELS AND 30 SHEETS FOR A

INFORMATION

MONTH'S SUPPLY. IF YOU FIND THAT FEWER OR MORE OF ANY ITEM IS USED, YOU CAN CHANGE YOUR ORDER.

LAUNDRY SHOULD BE CAREFULLY CHECKED WHEN IT IS DELIVERED. TO BE SURE YOU ARE CHARGED FOR WHAT IS DELIVERED, KEEP THE DELIVERY SLIPS AND COUNT THE ITEMS RECEIVED. ARTICLES WITH STAINS, MISSING BUTTONS, RIPS OR EXCESSIVE MENDS SHOULD NOT BE ACCEPTED. INFORM THE LAUNDRY SERVICE ABOUT THE UNACCEPTABLE ITEMS.

IN OUR CLASSROOM, WE STORE LINEN IN THE EXAM TABLES AND IN DRAWERS. EXTRA LINEN IS KEPT IN THE LARGE LINEN CLOSET IN ANOTHER CLASSROOM. ASK YOUR INSTRUCTOR TO SHOW YOU THE AREA WHERE THE EXTRA LINEN IS KEPT.

INFORMATION

DIRTY LAUNDRY IS PUT IN THE LAUNDRY HAMPER. IN SOME OFFICES, YOU WILL USE JUST A LAUNDRY BAG. SEND OUT THE DIRTY LAUNDRY ONCE A WEEK WHEN THE CLEAN IS DELIVERED.

WHEN THE DOCTOR USES ALL DISPOSABLE ITEMS, ORDER THE ITEMS BY THE CASE. CHECK HOW MANY DISPOSABLE ITEMS ARE ON HAND WHEN YOU PUT AWAY THE LAUNDRY.

SUPPLY LIST FOR CLASSROOM

1 CASE OF DISPOSABLE SHEETS PER YEAR

1 CASE OF DISPOSABLE TOWELS PER YEAR

2 LARGE CLOTH SHEETS

3 PILLOWCASES

3 BATH TOWELS

6 WASHCLOTHS

24 GREEN SURGICAL TOWELS

3 LAUNDRY BAGS

JOB STEPS

1. CHECK THE EXAM TABLES DRAWERS AND CUPBOARDS FOR THE ITEMS LISTED ON THE SUPPLY LIST.

2. MAKE A LIST OF ITEMS WHICH NEED TO BE ORDERED. FOR EXAMPLE, IF THERE ARE FOUR WASHCLOTHS, WRITE DOWN 2 WASHCLOTHS.

3. REPEAT JOB STEPS 1 AND 2 IN THE CLINIC. USE THE SUPPLY LIST IN THE DRAWER OF THE BEDSIDE STAND.

4. WHEN YOU HAVE CHECKED ALL ITEMS, ASK YOUR INSTRUCTOR FOR THE KEY TO THE LINEN CLOSET. GET THE ITEMS YOU NEED FROM THE LINEN CLOSET AND PLACE THEM IN THE DRAWERS.

JOB STEPS

5. NEXT WEDNESDAY, (OR ON THE NEXT LAUNDRY PICK - UP DAY), TAKE THE DIRTY LAUNDRY BAG OUT OF THE HAMPER STAND AND PUT IT IN THE HALLWAY OUTSIDE THE CLASSROOM DOOR.

6. PLACE A NEW BAG ON THE HAMPER FRAME.

7. THE NEXT TIME YOU RECEIVE LAUNDRY, STORE IT ON THE SHELVES IN THE LINEN CLOSET.

8. ON A SEPARATE SHEET OF PAPER, ANSWER THE FOLLOWING QUESTIONS:

   A. WHY IS IT NECESSARY FOR A MEDICAL ASSISTANT TO COUNT THE RETURNED LAUNDRY?

   B. FOR WHAT SHOULD YOU CHECK LAUNDRY ITEMS?

TURN PAGE →

JOB STEPS

C. WHAT MUST YOU DO IF YOU ALWAYS HAVE 15 CLEAN SHEETS ON THE SHELF, EVEN AFTER ALL PATIENT EXAMS ARE FINISHED?

medical assistant

unit: SUPPLIES AND EQUIPMENT MAINTENANCE

capital area career center

module: 4401 06 006 7 **date:** 7/77 **level:** I

skill title: HOW TO MAINTAIN AND ORDER ADMINISTRATIVE SUPPLIES

developed & written by: BEVERLY VARNEY

visuals by:

WORD GUIDE

ADMINISTRATIVE - SUPPLIES USED IN THE BUSINESS PART OF A MEDICAL PRACTICE.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW TO MAINTAIN AND ORDER ADMINISTRATIVE SUPPLIES.

AND IN ORDER TO DO THIS YOU WILL NEED:

SUPPLY LIST

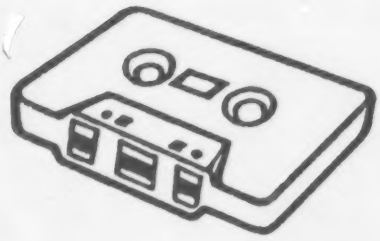
PAPER

PENCIL

CATALOG FOR ADMINISTRATIVE SUPPLIES

WE WILL KNOW YOU CAN DO THIS WHEN:

1. YOU LIST ANY ITEMS NOT AVAILABLE IN THE CLASSROOM.
2. YOU CAN TELL WHERE TO ORDER THE SUPPLIES.
3. YOU CORRECTLY FILL OUT THE ORDER FORM WITH THE NECESSARY INFORMATION.



A TAPE OF THIS MODULE IS AVAILABLE.

INFORMATION

THE MEDICAL ASSISTANT MUST KEEP TRACK OF SUPPLY AMOUNTS AND ORDER MORE WHEN NECESSARY.

1. MANY DOCTORS NOW GET THEIR SUPPLIES FROM ONE OF THE INSTANT PRINT COMPANIES. THE FOLLOWING ITEMS WILL BE ORDERED FROM A PRINTING COMPANY.

LETTERHEAD	ENVELOPES
APPOINTMENT CARDS	CHARGE SLIPS
HISTORY FORMS	STATEMENTS

MOST OF THE ABOVE ITEMS WILL HAVE THE DOCTOR'S NAME, ADDRESS, ZIP CODE AND PHONE NUMBER PRINTED ON THEM. PRE - STAMPED ENVELOPES CAN BE ORDERED FROM THE POST OFFICE WITH THE DOCTOR'S NAME AND ADDRESS PRINTED ON THEM.

WORD GUIDE

PHARMACY - DRUG STORE.

INFORMATION

2. PRESCRIPTION BLANKS ARE USUALLY SUPPLIED BY PHARMACIES OR DRUG COMPANIES. IF THEY ARE NOT, THE DOCTOR MAY HAVE TO HAVE THEM PRINTED.

3. DAYBOOK PAGES, LEDGER CARDS, PEGBOARD SUPPLIES ARE ORDERED FROM THE MANUFACTURER OF THE PEGBOARD.

4. CARBON PAPER AND FILE FOLDERS CAN BE PURCHASED FROM AN OFFICE SUPPLY STORE.

5. INSURANCE FORMS ARE ORDERED FROM BLUE CROSS / BLUE SHIELD OR FROM THE DEPARTMENT OF SOCIAL SERVICES, IF FOR MEDICAID.

INFORMATION

6. PENCILS, ERASERS, PAPER CLIPS, STAPLES, ETC. CAN BE PURCHASED AT A LOCAL STORE.

ON THE FOLLOWING PAGE THERE IS A SUPPLY LIST. LOOK AT THE LIST AND ASK YOUR INSTRUCTOR QUESTIONS IF YOU DO NOT KNOW WHAT SOME OF THE ITEMS ARE.

INFORMATION

SUPPLY LIST

1. LETTERHEAD - CACC PHYSICIAN'S GROUP, P. C.
2. ENVELOPES - LARGE AND SMALL
3. PRESCRIPTION BLANKS - (THERE ARE NONE IN THE CLASSROOM)
4. APPOINTMENT BOOK PAGES
5. LAB SLIPS
6. CHARGE SLIPS
7. APPOINTMENT CARDS
8. DAYBOOK PAGES
9. CARBON PAPER
10. MEDICAL HISTORY FORMS
11. INSURANCE BLANKS - MEDICAID AND BLUE CROSS
12. MEMO PADS

INFORMATION

13. PENCILS
14. ERASERS
15. PAPER CLIPS
16. STAPLES
17. PEGBOARD SHINGLED RECEIPTS
18. PEGBOARD DAYBOOK PAGES
19. RUBBER BANDS
20. FILE FOLDERS
21. STATEMENTS
22. LEDGER CARDS
23. TYPING PAPER

INFORMATION

IF YOU MUST ORDER SUPPLIES THROUGH THE MAIL, IT IS NECESSARY TO KNOW HOW TO FILL OUT AN ORDER FORM. THE FOLLOWING WORDS APPEAR ON THE ORDER BLANK. LEARN THEM BEFORE STUDYING THE BLANK AND THEN LOOK AT THE FORM ON PAGE 11.

TYPE FACE - THE STYLE OF PRINT YOU CHOOSE.

QUAN. - ABBREVIATION FOR QUANTITY OR AMOUNT ORDERED.

ITEM & STYLE OR ITEM NUMBER - THE ITEM AND STYLE YOU ARE ORDERING EACH HAVE A NUMBER. WRITE IN THE NUMBER ON THE LINE INDICATED.

COLOR - IF THERE IS A COLOR CHOICE, WRITE YOUR CHOICE ON THIS LINE.

KIND OF PAPER - IF THERE IS A CHOICE OF PAPER, WRITE YOUR CHOICE ON THIS LINE.

INFORMATION

SIZE - THERE MAY BE DIFFERENT SIZES OF EACH ITEM.

PRICE - INCLUDE THE PRICE FOR THE QUANTITY YOU ORDER. YOU WILL FIND ALL THE PRICES LISTED IN THE CATALOG.

READ THE DIRECTIONS ON THE UPPER LEFT - HAND SIDE OF THE PAGE. EXPLANATION OF THE DIRECTIONS:

1. WHEN YOU ARE RE-ORDERING, SEND ALONG A SAMPLE SO THAT THE NEW ORDER WILL BE EXACTLY THE SAME. IF THERE ARE CHANGES, WRITE THOSE CHANGES ON THE SAMPLE.

INFORMATION

USE STRAIGHT EDGE TO TEAR ALONG DOTTED LINE

HISTACOUNT CORPORATION • MELVILLE, L. I., NEW YORK 11746

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IMPORTANT • PLEASE READ CAREFULLY

1. To avoid errors and delays, please submit samples or clear copy for each item to be printed. Show changes directly on samples.
2. If you do not include a sample or copy for an item, we will print your name, address, phone & title or degree as supplied at right.
3. If you do not specify a type face, we will use our judgement.
4. If your layout differs from ours and you want it duplicated . . . enclose a sample . . . but DO NOT specify our style number.

- We sell for cash only . . . thus saving the cost of credit, bookkeeping and billing. The savings are shared with you, thru fine quality at low prices.
- You save the C.O.D. collection charges by sending prepayment with order. We promptly refund any overpayment or notify you of balance due on underpayment. If payment is not enclosed, order will be shipped C.O.D. plus collection charges.
- But remember ... we pay all shipping charges to anywhere in the U.S.A. ... and unconditionally guarantee everything we sell.

PRINTING INSTRUCTIONS - PLEASE TYPE OR PRINT BLOCK LETTERS

NAME

STREET

CITY

STATE ZIP CODE NO.

TELEPHONE

REG. NO. (FOR RX BLANKS)

If you do not include Phone & Reg. numbers we print without them.

1 M. D. EDITION WINTER 1974-75

TO SPEED DELIVERY OF YOUR ORDER WE SUGGEST YOU USE YOUR STREET ADDRESS INSTEAD OF A POST OFFICE BOX NUMBER (IF ANY)

SHIP TO

NAME

STREET

CITY

STATE ZIP CODE NO.

QUAN	ITEM & STYLE OR ITEM NUMBER (SEE PAGE 6)	COLOR (1 OR 2 COLOR)	KIND OF PAPER	SIZE	TYPE FACE	PLAIN OR EXCEL PRINT (IF EXCEL)	PRICE	

NOTE

- IF ENVELOPES ARE ORDERED, PLEASE CHECK. ☐ PRINT ON CORNER ☐ PRINT ON FLAP

(All self-sealing and window envelopes are corner printed only.)

☐ CHECK ENC. MAKE CHECK PAYABLE TO HISTACOUNT

☐ SHIP C.O.D. PLUS COLLECTION CHARGES

ATTENTION New York State residents ONLY Please include your total N.Y. sales tax.

TOTAL

WORD GUIDE

FEDERAL NARCOTICS REGISTRY NUMBER - A NUMBER ASSIGNED TO EACH DOCTOR TO ASSIST IN KEEPING TRACK OF ALL CONTROLLED SUBSTANCES.

INFORMATION

2. IF YOU SEND A SAMPLE, WRITE "SEE SAMPLE" IN THE UPPER RIGHT - HAND CORNER, UNDER PRINTING INSTRUCTIONS. IF THE ORDER IS NEW AND YOU DO NOT HAVE A SAMPLE TO SEND, YOU WILL NEED TO TYPE OR PRINT THE NECESSARY INFORMATION IN THE UPPER RIGHT - HAND CORNER, UNDER PRINTING INSTRUCTIONS. THE REG. NO. LINE IS ONLY NECESSARY IF YOU ARE ORDERING PRESCRIPTION BLANKS. IF YOU ARE ORDERING PRESCRIPTION BLANKS, YOU MUST WRITE THE DOCTOR'S FEDERAL NARCOTIC REGISTRY NUMBER.

INFORMATION

3. THERE ARE MANY PRINTING STYLES TO CHOOSE FROM IN THE CATALOG. IF YOU DO NOT INDICATE ANY PARTICULAR STYLE, THE PRINTER WILL CHOOSE ONE FOR YOU.

4. IF YOU CHOOSE A PRINTING STYLE NOT LISTED IN THE CATALOG, SEND A SAMPLE, BUT YOU DO NOT FILL IN A NUMBER IN THE STYLE AND TYPE FACE COLUMNS OF THE ORDER FORM.

LOOK AT THE FORM AGAIN. IF YOU HAVE ANY QUESTIONS, ASK YOUR INSTRUCTOR.

JOB STEPS

1. COLLECT YOUR MATERIALS.

2. USE THE SUPPLY LIST TO FIND THE NECESSARY ITEMS. MOST OF THE ITEMS ARE ON THE DESK OR IN THE FILING CABINET.

3. LIST ANY ITEMS YOU DO NOT FIND, OR ANY ITEMS IN SHORT SUPPLY.

4. ASK YOUR INSTRUCTOR FOR AN ADMINISTRATIVE SUPPLIES CATALOG.

5. USING THE CATALOG, WRITE DOWN THE NUMBER OF FAN - FOLD STATEMENTS IN A BOX AND THEIR COST.

JOB STEPS

6. USING THE CATALOG, WRITE DOWN THE NUMBER OF BOXES YOU SHOULD ORDER FOR A SIX MONTH SUPPLY, IF YOU SEND OUT 125 STATEMENTS PER MONTH.

7. FILL OUT AN ORDER FORM FOR THE NUMBER OF STATEMENTS NEEDED IN JOB STEP 6. ORDER FORMS ARE IN FOLDER 4401 06 006 IN THE FILING CABINET.

8. HAVE YOUR INSTRUCTOR CHECK YOUR WORK.

ANSWERS

5. 500 - $10.35
1000 - 13.75
2000 - 24.65
4000 - 46.90
8000 - 87.60

6. ONE BOX OF 1000 FOR SIX MONTHS.

7.

QUAN.	ITEM/STYLE	COLOR
1000	AS SHOWN	

PAPER, ETC.	PRICE
	13.75

medical assistant

unit: DIAGNOSTIC TESTS

capital area career center

module: 4401 07 002 7 date: 2/77 level:

skill title: INSTRUCTING A PARENT TO USE AN INFANT URINE COLLECTOR

developed & written by: PAT PITTENGER

visuals by: KITT DEPATIE

7-2

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW TO INSTRUCT A PARENT TO USE THE INFANT OR CHILD URINE COLLECTOR.

AND IN ORDER TO DO THIS YOU WILL NEED:

INFANT URINE COLLECTOR

INFANT DOLL

PERSON ACTING AS A PARENT

SPECIMEN BOTTLE

MEDICINE CUP

WE WILL KNOW YOU CAN DO IT WHEN:

AFTER YOUR INSTRUCTIONS:

A. THE PARENT CAN FOLLOW EACH STEP IN SECURING THE URINE COLLECTOR TO THE INFANT.

B. PARENT UNDERSTANDS HOW TO REMOVE THE COLLECTOR, AFTER CHILD VOIDS, WITHOUT SPILLING URINE.

C. PARENT HAS DATE AND TIME TO RETURN FOR NEXT APPOINTMENT WITH THE SPECIMEN.

A TAPE OF THIS MODULE IS AVAILABLE.

INFORMATION

YOU ARE GOING TO LEARN HOW TO INSTRUCT A PARENT TO USE THE INFANT URINE COLLECTOR.

ANOTHER NAME THAT SOME DOCTORS AND NURSES MAY USE IS THE P.U.C. (PROUNOUNCED "PUCK") CUP OR PEDIATRIC URINE COLLECTOR OR CUP.

JOB STEPS

1. COLLECT YOUR EQUIPMENT AND MATERIALS.

2. AFTER YOU READ THE MOD COMPLETELY, ASK YOUR INSTRUCTOR FOR A STUDENT TO ACT AS A "PARENT".

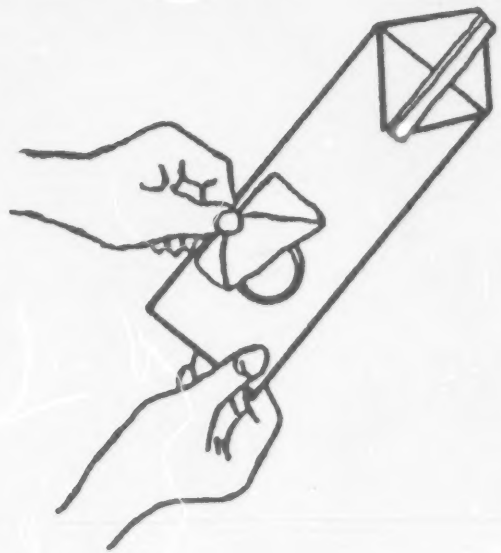
3. TELL THE PARENT THE DOCTOR WOULD LIKE HE/SHE TO GET A URINE SPECIMEN FROM THE BABY. TELL HE/SHE YOU WILL GIVE THE INSTRUCTIONS NOW.

4. GET THE INFANT COLLECTOR. (HOLD IT FOR NOW.) TELL THE PARENT TO:

A. CLEAN ALL GREASE (VASELINE, LOTION) FROM SKIN SURROUNDING BABY'S URINARY OPENING. USE WARM, SOAPY WATER AND THEN DRY THOROUGHLY; OTHERWISE THE BAG WILL NOT STAY ON.

JOB STEPS

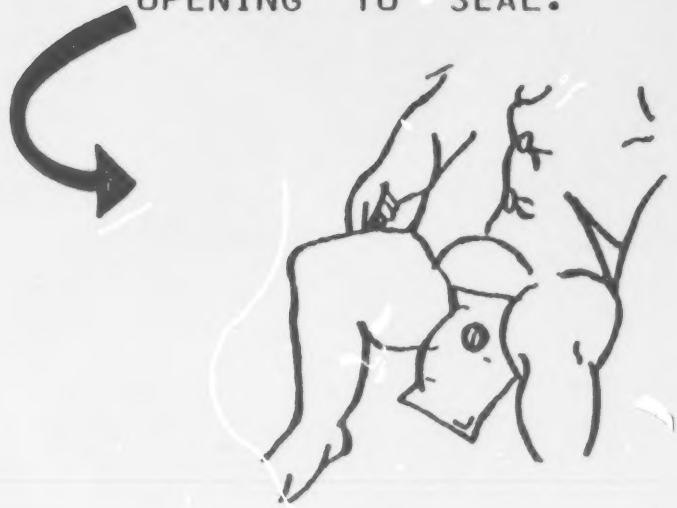
B. NOW SHOW THE COLLECTOR TO PARENT. TELL AND SHOW HOW TO REMOVE BACKING PAPER, BY LIFTING ANY CORNER.



C. ON THE MALE: THE PENIS IS PUSHED THROUGH THE ROUND OPENING IN THE BAG, WHEN IN PLACE, PRESS GENTLY BUT FIRMLY, TO SEAL AREA AROUND THE OPENING.

JOB STEPS

D. ON THE FEMALE: THE ROUND OPENING IN THE BAG IS PLACED SO AS TO COVER THE UPPER HALF OF THE OUTSIDE FOLDS (LABIA). PRESS GENTLY BUT FIRMLY ON SKIN AROUND OPENING TO SEAL.



E. THE DIAPER CAN BE REAPPLIED OVER THE BAG. (HAVE PARENT CHECK THE BAG OFTEN. THE BAG WILL NOT HOLD MORE THAN 4-5 OUNCES).

JOB STEPS

F. WHEN THE URINE SAMPLE IS OBTAINED, REMOVE THE ENTIRE BAG AND FOLD THE TWO "STICKY" SURFACES TOGETHER -- IF IT DOES NOT SEAL TOGETHER, POUR URINE INTO CLEAN CONTAINER.

G. PUT SPECIMEN IN REFRIGERATOR UNTIL TIME FOR DOCTOR'S APPOINTMENT.

5. ASK THE PARENT IF THERE ARE ANY QUESTIONS. IF NONE, GIVE HER/HIM AN APPOINTMENT.

6. PRACTICE UNTIL YOU KNOW THE INSTRUCTIONS.

7. NOW SHOW YOUR INSTRUCTOR WHAT YOU HAVE LEARNED.

medical assistant

unit: DIAGNOSTIC TESTS

capital area career center

module: 4401 07 003 7 date: 3/77 level: II

skill title: INSTRUCTING A PATIENT TO BRING A URINE SPECIMEN FROM HOME

developed & written by: PAT PITTENGER

visuals by: KITT DEPATIE

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

HOW TO INSTRUCT A PATIENT TO BRING A URINE SPECIMEN FROM HOME.

AND IN ORDER TO DO THIS YOU WILL NEED:

A PERSON ACTING AS A PATIENT

TWO PHONES

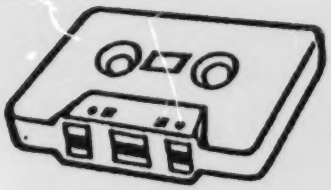
WE WILL KNOW YOU CAN DO IT WHEN:

THE PATIENT FULLY UNDERSTANDS:

A. HOW HE/SHE SHOULD GET A URINE SPECIMEN.

B. PATIENT CAN REPEAT THE STEPS TO YOU.

C. YOU TELL THE PATIENT WHEN HE/SHE SHOULD RETURN TO THE OFFICE WITH THE SPECIMEN.



A TAPE OF THIS MODULE IS AVAILABLE.

WORD GUIDE

SYMPTOMS - SOMETHING THAT INDICATES THE PRESENCE OF BODILY DISORDER, DISEASE OR PHYSICAL DISTURBANCE.

INFORMATION

IN THIS MOD YOU ARE GOING TO LEARN HOW TO "INSTRUCT" A PATIENT TO BRING A URINE SPECIMEN FROM HOME.

RECALL - A SPECIMEN IS A SAMPLE OR SMALL AMOUNT OF SOMETHING A SPECIMEN OF URINE IS AN OUNCE OR TWO OF URINE.

INFORMATION

SITUATIONS:

MANY PATIENTS WILL CALL THE DOCTOR ON THE PHONE REGARDING AN ILLNESS. THEY TELL THE DOCTOR SYMPTOMS THAT MAY SUGGEST DISEASES, FOR EXAMPLE, OF THE URINARY TRACT, OR DIABETES. THE DOCTOR MAY WANT YOU TO GIVE INSTRUCTIONS ON "HOW TO COLLECT A URINE SPECIMEN."

ASK YOUR INSTRUCTOR FOR SOMEONE TO ACT AS PATIENT AFTER YOU HAVE READ THE MOD OVER ONCE.

THEN PRACTICE WITH YOUR PRETEND PATIENT UNTIL YOU KNOW ALL THE STEPS OF INSTRUCTIONS WITHOUT LOOKING.

JOB STEPS

1. TELL THE PATIENT THE DOCTOR WOULD LIKE TO TEST A SAMPLE OF HIS/HER URINE.

2. TELL THE PATIENT TO FOLLOW THESE STEPS:

A. COLLECT THE SAMPLE RIGHT AFTER HE/SHE WAKENS IN THE MORNING.

NOTE: MOST URINE TESTS SHOULD BE TESTED ON THE FIRST MORNING VOIDING. URINE IS MORE CONCENTRATED THEN AND MORE LIKELY TO SHOW ABNORMAL SIGNS.

B. WASH HIS/HER HANDS BEFORE COLLECTING THE SPECIMEN.

JOB STEPS

C. USE A CLEAN JAR OR BOTTLE THAT HAS BEEN WASHED IN HOT SOAPY WATER AND RINSED WELL. THE CONTAINER SHOULD HAVE A WIDE OPENING, BE SURE 3-4 OUNCES IN SIZE, AND HAVE A LID OR CAP THAT FITS TIGHTLY. MEDICINE BOTTLES ALSO CAN CHANGE RESULTS IF NOT CLEANED.

NOTE: A JAR THAT HAS HAD JELLY IN IT CAN SHOW A FALSE POSITIVE FOR SUGAR.

D. FEMALES: WASH LABIA AND URINARY OPENING WITH SOAP AND WATER.
MALES: WASH GLANS AND PENIS WELL.

E. REMIND THEM TO BE CAREFUL NOT TO TOUCH CONTAINER TO BODY.

JOB STEPS

3. VOID A SMALL AMOUNT FIRST, THEN TO COLLECT SECOND PORTION OF URINE, (MID-STREAM) INTO SPECIMEN BOTTLE. FILL THE BOTTLE WITH 2-3 OUNCES; OR HALF FULL.

4. PUT THE CAP OR LID ON THE BOTTLE AND BE SURE THE LID IS TIGHT.

5. WIPE OFF ANY URINE ON OUTSIDE OF BOTTLE.

6. PUT THE URINE SPECIMEN IN THE REFRIGERATOR UNTIL TIME TO LEAVE FOR THE DOCTOR'S OFFICE.

7. ASK THE PATIENT TO TELL YOU THE STEPS. THEN YOU WILL KNOW IF HE/SHE UNDERSTANDS.

8. TELL THE PATIENT THE TIME AND DATE OF HIS/HER APPOINTMENT.